

# Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I would like to participate on the following chapter committees\*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Committees available are: awards, education, youth education, membership, and publicity

Annual Membership \$30

Patron Membership \$50

### My chapter sponsors are:

1. \_\_\_\_\_

2. \_\_\_\_\_

### Chapter Membership Vice President:

\_\_\_\_\_

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