

# MEMBER APPLICATION FORM



## MEMBER INFORMATION

Prefix Miss \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Mr. \_\_\_ MX \_\_\_ Dr. \_\_\_  
First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Suffix \_\_\_\_\_ Nickname \_\_\_\_\_ Birthday \_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Other \_\_\_\_\_  
Active Duty or Military Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Preferred Mailing Address: Home \_\_\_\_\_ Business \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Membership Dues are \$300 per year and can be paid in different ways – Please select the option that suits you best for your membership dues.

\$25 Monthly \_\_\_\_\_ \$150 Semi Annual \_\_\_\_\_ \$300 Annual \_\_\_\_\_

## CHAPTER INFORMATION – To be completed by Chapter Secretary

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Chapter Name: Patriot Ambucs of Dallas County Chapter Number: 648

Chapter City: Mesquite Region/District: Southwest

Member Record Type: New Member \_\_\_\_\_ Reinstated Member \_\_\_\_\_ Transfer Member \_\_\_\_\_

If a transfer, what Chapter are they coming from? \_\_\_\_\_

If a Dual Enrollment, what other Chapter are they a member of? \_\_\_\_\_

Sponsor First Name: \_\_\_\_\_ Sponsor Last Name: \_\_\_\_\_

Membership Effective Date: \_\_\_\_\_

DISTRIBUTION: Please make copies for Resource Center and Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_ President \_\_\_\_\_