



# The C.A.L.M. Society

## Membership Application



The C.A.L.M. Society shall require each applicant for membership to complete this form. The Chapter Secretary must forward this original application to the Executive Office of The C.A.L.M. Society within ten days of the initiation. The secretary will make a copy of the application for the chapter records.

**Please print legibly or type.**

Name \_\_\_\_\_

Age \_\_\_\_\_ D.O.B. (mm/dd/yyyy) \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cellular Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

What is the best time and method to contact you? \_\_\_\_\_

Name of referring CALM Member \_\_\_\_\_

Are you a member of any other organizations? Please list them here \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What community service hours have you completed and where were they done? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State your hobbies/Interests. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state why CALM would be an organizational fit for you. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature

Date

Chapter Representative Signature

Title

Date

Please mail this application and the non-refundable \$25 processing fee within thirty (30) days to:

The C.A.L.M. Society

P.O. Box 989

Glenside, PA 19038

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For Chapter Use Only

Date Received \_\_\_\_\_

Fee Paid \_\_\_\_\_ Ch# \_\_\_\_\_

Received By \_\_\_\_\_