

MEMBERSHIP APPLICATION

FEE: \$25.00 per year

Date: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Occupation: _____ **Phone:** _____

Citizen of _____

Date & Place of Birth: _____ **Marital Status:** _____

I hereby agree to abide by the rules and regulations and to further the objectives and principles as set forth in the constitution of this organization

Signed _____ **Recommended by** _____