

# Form 126

# Member Application

Date \_\_\_\_\_ Gender  male  female Prefix  Mr.  Mrs.  Ms.  Miss Veteran  Yes  No.

First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Suffix (Jr., III) \_\_\_\_\_ Nickname \_\_\_\_\_ Birthday [ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ][ ]

Spouse's name \_\_\_\_\_ Birthday [ ][ ][ ][ ][ ][ ][ ][ ] Anniversary [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Home address \_\_\_\_\_

City \_\_\_\_\_ State [ ][ ] Zip [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Occupation \_\_\_\_\_ Skills \_\_\_\_\_

Employer \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_ State [ ][ ] Zip [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Preferred mailing address  home  business Home phone [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Business phone [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Ext [ ][ ][ ][ ][ ][ ] Fax [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

e-mail \_\_\_\_\_ cell phone \_\_\_\_\_

Sponsor's Name \_\_\_\_\_ Have you been an Ambuc member before?  yes  no

### To be completed by club secretary

Chapter \_\_\_\_\_ Chapter Number [ ][ ][ ]

Type of activity  new member  reinstated member  transfer from chapter \_\_\_\_\_

also a dual member\* of chapter \_\_\_\_\_

\*dual membership does not have a sponsor or receive Big Hat credit

Type of membership  active  associate  honorary  emeritus  military  life  senior

Sponsor's ID no. [ ][ ][ ][ ][ ] Sponsor's chapter \_\_\_\_\_

**Membership effective date:** forms received after closing date cannot be made retroactive

- First quarter (received by Resource Center June 1 - Sept 10)
- Second quarter (received by Resource Center Sept 1 - Dec 10)  *Branding Time Credit Oct 1 - Dec 10*
- Third quarter (received by Resource Center Dec 1 - March 10)
- Fourth quarter (received by Resource Center March 1 - June 10)  *Spring Round Up Credit March 1 - April 30*

**IMPORTANT!** Immediately distribute the completed application to the AMBUCS Resource Center and chapter officers. Your prompt action will ensure the new member receives his/her orientation materials and magazine subscription, and will demonstrate that he/she is enthusiastically welcomed.

Secretary's name \_\_\_\_\_ Phone number \_\_\_\_\_

- Distribution: Please make copies for AMBUCS™ Center — Secretary — Treasurer — President

**Need additional forms?** Go to [www.ambucs.org](http://www.ambucs.org) or contact the AMBUCS™

Resource Center Tel (336) 852-0052 • Fax (336) 852-6830

- e-mail: [ambucs@ambucs.org](mailto:ambucs@ambucs.org) or write PO Box 5127 High Point, NC 27262

