

Form 126

Member Application

Date _____ Gender male female Prefix Mr. Mrs. Ms. Miss

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 _____ mobile phone _____

Sponsor's Name _____ Have you been an Ambucs 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 or contact the AMBUCS™

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

- e-mail: ambucs@ambucs.org or write PO Box 5127 High Point, NC 27262

