

Form 126

Member Application

Date _____ Sex 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 _____ 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 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 or contact the AMBUCS™

Resource Center Tel (336) 869-2166 • Fax (336) 887-8451 • e-mail:

ambucs@ambucs.org or write PO Box 5127 High Point, NC 27262

