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) 852-0052 • Fax (336) 852-6830 • e-mail: ambucs@ambucs.org or write PO Box 5127 High Point, NC 27262

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