

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

Home address _____

City _____ State Zip

Occupation _____ Skills _____

Employer _____

Business address _____

City _____ State Zip

Preferred mailing address Home Business Home phone

Business phone Ext Fax

email: _____ Cell phone

Sponsor's Name _____ Have you been an AMBUCS member before? Yes No

To be completed by chapter 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 - Nov 30
- 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 Resource Center and ___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
 email: ambucs@ambucs.org Mail: PO Box 5127 High Point, NC 27262

