

# Form 126F

# Chapter Friend 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 a member before?  yes  no

### To be completed by friend chapter secretary

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

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

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

**Membership effective date:** Friends memberships are based on an annual renewal. Friend membership applications are entered upon receipt, with a renewal date set as the beginning of the quarter. Therefore Friends members will be entered with renewal dates of June 1, September 1, December 1, and March 1 to coincide with the AMBUCS™ quarter reporting periods and fiscal year. June 1 - May 31.

**IMPORTANT!** Immediately distribute the completed application to the AMBUCS™ Resource Center and friend chapter officers. Your prompt action will ensure the new friend 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™ Resource 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

