Form 126 Member Application

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 |__|__|__|__|__|__| 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 _____ cell 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

AMBUCS™