Form 126F Chapter Friend 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 a friend member or 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 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 next quarter. Therefore Friends members will be entered with renewal dates of June1, September 1, December 1, and March 1 to coincide with the AMBUCS™ 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 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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