INSTRUCTIONS:			
1. Please type complete information for each ne	ew member.	State	
2. This form is for use only with the Application for Affiliation for initial submission of charter members.3. Please make sure that telephone numbers and email		Chapter Name	
		Submitted By	
		Phone	
addresses for each member are listed so they ca 4. This form must be submitted with the Applic Affiliation to your state when completed. 5. Please send all paperwork along with remitta dues as specified on the Application for Affiliat 6. Application requires twenty (20) members be ages of 18-40.	ation for nce of all tion.	Email Address	
		First Name	
City	State	Zip Code	
		Email Address	
Address			
Date of Birth (Month/Date/Year) _			
Phone Number		Email Address	
☐ Male ☐ Female Last Name _ Address		First Name	
		Zip Code	
Date of Birth (Month/Date/Year) _			
Phone Number	Phone Number		
☐Male ☐ Female Last Name _ Address		First Name	
City	State	Zip Code	
		Email Address	
☐ Male ☐ Female Last Name _		First Name	
		Zip Code	
Date of Birth (Month/Date/Year) _			
Phone Number		Email Address	

☐ Male ☐ Female Last Name _ Address	First Name		
	State	Zip Code	
Phone Number			
☐Male ☐Female Last Name Address		First Name	
Date of Birth (Month/Date/Year) _		Zip Code Email Address	
☐ Male ☐ Female Last Name _		First Name	
	State	Zip Code	
Phone Number		Email Address	
		First Name	
Date of Birth (Month/Date/Year) _			
Phone Number	Email Address		
Address		First Name	
Date of Birth (Month/Date/Year) _			
		Email Address	
Address			
Date of Birth (Month/Date/Year) _		Zip Code	
Phone Number		Email Address	
☐Male ☐ Female Last Name _ Address		First Name	
City Date of Birth (Month/Date/Year)		Zip Code	
Phone Number		Email Address	

		First Name	
	•	State Zip Code	
		Email Address	
	☐ Male ☐ Female Last Name _	First Name	
	City	State Zip Code	
	Phone Number	Email Address	
	☐Male ☐Female Last Name Address	First Name	
	City	State Zip Code	
		Email Address	
		First Name	
	City	State Zip Code	
		Email Address	
	☐Male ☐ Female Last Name _ Address	First Name	
	City	State Zip Code	
		Email Address	
	☐ Male ☐ Female Last Name _	First Name	
	City	State Zip Code	
		Email Address	
		First Name	
	City	State Zip Code	
	Phone Number	Email Address	
	☐ Male ☐ Female Last Name	First Name	

Address			
City	State	Zip Code	
		Email Address	
☐ Male ☐ Female Last Name _ Address		First Name	
City	State	Zip Code	
Phone Number	I	Email Address	
☐Male ☐Female Last Name _ Address		First Name	
City Date of Birth (Month/Date/Year) _		Zip Code	
Phone Number	I	Email Address	
		First Name	
City Date of Birth (Month/Date/Year) _	State	Zip Code	
Phone Number	I	Email Address	
		First Name	
City Date of Birth (Month/Date/Year) _	State	Zip Code	
		Email Address	
☐ Male ☐ Female Last Name _ Address		First Name	
City Date of Birth (Month/Date/Year) _	State	Zip Code	
		Email Address	
Address			
City Date of Birth (Month/Date/Year) _		Zip Code	
Phone Number			