



**Appointed Date** \_\_\_\_\_

**Accept Date** \_\_\_\_\_

**Miss/Mrs.** \_\_\_\_\_  
Last First

**Address** \_\_\_\_\_  
Street or P.O. Box State Zip

**Birthday** \_\_\_\_\_  
Month Day

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Sponsors(1)** \_\_\_\_\_

**Sponsors(2)** \_\_\_\_\_

**Annual Dues \$30.00**

**Initiation Fee \$11.00**  
**with Name Badge**