

Membership Application Form



Today's Date _____

MEMBER INFORMATION

Prefix Miss Mrs Ms Mr Mx Dr

First Name _____ MI _____ Last Name _____

Suffix _____ Nickname _____ Birthday _____

Gender Female Male Other: _____ Active Duty or Military Veteran Yes No

Email _____ Phone _____

Home Phone _____ Business Phone _____

Preferred Mailing Address Home Business

Home Address _____

City _____ State _____ Zipcode _____

Business Address _____

City _____ State _____ Zipcode _____

CHAPTER INFORMATION

To be completed by Chapter Secretary

First Name _____ Last Name _____

Email _____

Chapter Name _____ Chapter Number _____

Chapter City _____ Region/District _____

Member Record Type New member Reinstated member Transfer member

If a transfer, what chapter are they coming from? _____

If a dual enrollment, what other chapter are they a member of? _____

Sponsor First Name _____ Sponsor Last Name _____

Membership Effective Date _____

Distribution: Please make copies for Resource Center and ___ 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 email: ambucs@ambucs.org Mail: PO Box 5127 High Point, NC 27262

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