**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 ____________

Home address __________________________________________

City ___________________________________________ State _____ Zip ____________

Occupation ___________________________ Skills ___________________________

Employer __________________________________________

Business address __________________________________________

City ___________________________________________ State _____ Zip ____________

Preferred mailing address □ Home □ Business Home phone ____________

Business phone ____________ Ext ____________ Fax ____________

email: ___________________________

Sponsor’s Name ___________________________ Have you been an AMBUCS member before? □ Yes □ No

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**To be completed by chapter 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 – Nov 30)
□ 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 welcome.

Secretary’s name ___________________________ Phone number ___________________________

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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
e-mail: ambucs@ambucs.org Mail: P.O. Box 5127 High Point, NC 27262