



**“Creating Independence for People with Disabilities”
NEW MEMBER APPLICATION - CHAPTER: 657**

First Name M.I. Last Name

D.O.B

Veteran

Military Branch

Street Address

City, State, Zip Code

Cell Phone

Business Phone

Home Phone

Email Address

Occupation or Job Title

Business Name and Address

Why Do You Want to Become a Member of the Grapevine AMBUCS?

Special Knowledge, Training, or Skills That Will Benefit the Organization?

Sponsoring Member

Admission Fee of **\$25.00** and 1st quarters dues are due at the time of application. Note: dues are billed & paid quarterly. \$140.00 includes weekly meeting lunch. \$65.00 w/o lunch. Lunch can be purchased at the door for \$15.00

I understand that membership in the Grapevine AMBUCS is subject to approval and that I am making a commitment to be an active member. I will be encouraged to volunteer my time to work a minimum of two shifts at the Grapefest Festival and two shifts at the Main Street Festival. I will also be encouraged to assist with the annual golf tournament, serve on at least one committee, and actively recruit new members.

Signature

Printed Name

Date

To be completed by the club secretary.

Chapter: Grapevine AMBUCS

Chapter Number: 657

New Member: _____ Reinstated Member: _____

Sponsor's Name: _____ Sponsor's Chapter: Grapevine\AMBUCS

(If this is a dual membership, there will be no sponsor.)

Mail to: Grapevine AMBUCS, 2150 W, Northwest Highway, Suite 114#1089, Grapevine, TX 76051