

Advocates

MEMBERSHIP APPLICATION

ONE-TIME \$60 FEE DUE WITH APPLICATION (INCLUDES LIFETIME MEMBERSHIP).

NAME: _____ DATE: _____

ADDRESS:

TELEPHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

CELL

WORK

EMAIL: _____ T-SHIRT SIZE: _____

ANTICIPATED GRADUATION DATE: SPRING FALL 20_____

PLEASE PRINT HOW YOU WOULD LIKE YOUR NAME TO APPEAR ON
CERTIFICATES AND PLAQUES AWARDED:

FOR ADVOCATES OFFICE USE ONLY:

METHOD OF PAYMENT

CASH

CHECK

CHECK # _____

DATE

RECEIVED: _____

T-SHIRT RECEIVED?

YES

No

BOARD MEMBERS INITIALS
