## **INFBPW MEMBERSHIP**

(Please use this form for New Members/Reinstatement/Updating Information)
Please Print

New Member	Reinstatement	Updating Information
First Name	MI Last Name	
Street Address	Apt#	_
City /State /Zip		
<b>Mobile Phone Number</b>	Home/Office Numbers: Option	nal
Email Address		
Birthday (mo/day)		
Employer/Occupation		
For Active Member And INFBPW - \$30.00 plus lot  For Student Member And To INFBPW - \$15.00 plus  For State Member-At-Lat To INFBPW \$50.00  All memberships include a subscitate Magazine Delivery Prefer	nnual Amount s local and district dues	magazine.
Date Joined:		Date:
Dues Paid:		Date:
	mount	Date:
Local Treasurer's Signature: _		Date:

(Remit a copy of this form with member dues to the State Treasurer as soon as possible after collecting, and also send a copy of this form to the State Membership Chair)

PLEASE KEEP A DUPLICATE COPY FOR YOUR RECORDS.