



Creating Independence for People with Disabilities, especially Children

TM

Danville Chapter
P.O. Box 266
Danville, IL 61834-0266

Membership Application

To be an active member, the Danville Chapter of AMBUCS ask that you serve on at least one service project per year and help with fundraisers in whatever way you feel you can be of service. We also encourage your attendance at as many noon Wednesday meetings as your work schedule will allow, although there is no attendance requirement.

Please attach a \$10 National Registration Fee with your application made payable to AMBUCS with this application.

Paid: Cash _____ Check# _____ Date: _____

Membership Dues are prorated based on the month you join the club. Our fiscal year is June 1 to May 31.
Please check your payment preference:

Advanced membership billing (includes meals):

_____ \$121.00 quarterly _____ \$242.00 semi-annually or \$484.00 annually _____

Progressive membership billing (pay \$9 at the door for meals):

_____ \$28.50 quarterly _____ \$57.00 semi-annually or \$114.00 annually _____

Billing address: _____

Member's Signature _____ Date: _____

For officer use:

Sponsor Name: _____

Date Submitted: _____

Date Approved by board: _____

Date check and application mailed to National: _____

Distribution:

Secretary ___ President ___ Treasurer ___ Asst. Treasurer ___ Sgt.@Arms ___ Newsletter ___

Date: _____

Name: _____

Committee Preference Sheet

Service Projects:

- ___ Challenger League – be a “buddy” to players (Saturdays in June)
- ___ Summer Camp – grill or serve food on Wednesday of camp weeks (usually last week July and first week of August).
- ___ Summer Camp Dance for adults with disabilities – serve food, bingo, set up, tear down, clean up. (first Wednesday evening of Summer Camp)
- ___ AmTrykes – work with chairman on finding children who need bikes, funding, distribution of bikes. (year-round)
- ___ Children’s Christmas Party Breakfast – serve food, face paint, pass out gifts, take photos, clean up. (second Saturday in December)
- ___ Adults’ Christmas Party – serve food, pass out gifts, games, dancing, clean up. (same as above)
- ___ Scholarships – Work with chairman to review applications for fields of physical and occupational therapies, speech and language pathology, and special education teacher. (late March/early April)
- ___ First Citizen Banquet – welcome, collect payment, program, flowers, letters to guests (April)
- ___ Program – Help find and welcome speaker and AMBUC of the Day.
- ___ Newsletter – Keep notes at meeting and pass along to Webmaster.

Fundraisers:

- ___ Summer Sounds Concert Series – set up, sell beverages, cashier, back bar, clean up. (every other Friday during June, July & August)
- ___ \$15,000 Raffle – distribute, redistribute, track tickets, work stub board, work front table, get door prizes. (first Thursday in October, Beef House)
- ___ Bar Stool Golf – Call teams to the tee, keep score. (February)
- ___ Home & Business Expo – Door, booth sitters, hospitality room, stage assistant. (first full weekend in March)

Form 126

Member Application

Date _____ Gender male female Prefix Mr. Mrs. Ms. Miss

First name _____ MI _____ Last name _____

Suffix (Jr., III) _____ Nickname _____ Birthday [][] [][][][] [][][][][]

Spouse's name _____ Birthday [][][][][][] Anniversary [][][][][][][][][][]

Home address _____

City _____ State [][] Zip [][][][][][][][][][]

Occupation _____ Skills _____

Employer _____

Business address _____

City _____ State [][] Zip [][][][][][][][][][]

Preferred mailing address home business Home phone [][][][][][][][][][]

Business phone [][][][] - [][][][] - [][][][][][][][][][] Ext [][][][] Fax [][][][] - [][][][][][][][][][]

e-mail _____ mobile phone _____

Sponsor's Name _____ Have you been an Ambuc member before? yes no

To be completed by club 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 - Dec 10
- 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 welcomed.

Secretary's name _____ Phone number _____

● Distribution: Please make copies for AMBUCS™ Center —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 or write PO Box 5127 High Point, NC 27262

