Ambucs Membership

AMBUCS Danville Chapter™ Inspiring Mobility & Independence

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 encourage your attendance at as many noon Wednesday meetings as your work will allow.

Yearly Billing - $90.00 **Bi-Annually Billing $45** **Quarterly Billing $22.50**

We have a National Registration Fee of $10 paid at the time Application is turned in, if however you pay your Yearly dues in full when turning in application, we cover the National Application Fee. I have included $10 Fee or paying Yearly Dues $90 Please Circle which you have selected..

Applicant Full Name _____ Legible Email _____

Billing Address _____ Date: _____

Check or Circle Service Projects and Fundraisers You Are Interested In

Service Projects

- ◊ Challenger League—Be A Buddy—4 Saturday's In June—30-80 Volunteers
- ◊ Summer Camp—Grill and help serve food—July—Aug—8-10 Volunteers
- ◊ Summer Camp Dance—Serve Food—Setup—10—20 Volunteers
- ◊ Amtrykes—Work with Committee—Year Round—Help Assemble
- ◊ Childrens Christmas Party—Setup—Serve—Gifts—15-20 Volunteers
- ◊ Adults New Years Party—Setup—Serve—Gift Bags—15-20 Volunteers
- ◊ Scholarships—Review applications for Therapist—2-4 Volunteers
- ◊ First Citizen—Setup—Help during banquet time—4-6 Volunteers
- ◊ Weekly Meeting Programs—2 Volunteers
- ◊ Sign Me Up—Installation of Signs—2-6 Volunteers
- ◊ Meals On Wheels—Help with delivery of meals—one day a week—1-3 Volunteers.

Fundraisers

- ◊ Ambucs Friday Nights—setup - cashier—stocker—cleanup 6-10 Volunteers
- ◊ Ambucs $15,000 Raffle—Planning, Setup, Collect Money, Sell Tickets—15 Volunteers.
- ◊ Bar Stool Golf—Call teams, work with vendor, February— 20 –35 Volunteers
- ◊ Home and Living Expo—Help show producer, Gather Volunteers, Keep Vendors happy, help with end of day cleanup—March—30 Volunteers

For Club Secretary

Sponsor : _____ Date Submitted _____

Date Mailed To National: _____ Brd Aprv Date: _____

Routing Copies—Secretary To Record, and National Paperwork, Treasurer for billing information, President

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:_____ **Cell phone** ___ ___ ___–___ ___ ___–___ ___ ___ ___

Sponsor's Name_____ Have you been an AMBUCS member before? ☐ Yes ☐ No

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 welcomed.

Secretary's name _____ _____ Phone number _____

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
email: ambucs@ambucs.org Mail: PO Box 5127 High Point, NC 27262

AMBUCS™