



**Return completed form via Company Mail to:
 Telephone Pioneers of America
 Alexander Graham Bell Chapter No. 15
 2055 L Street, N.W. 4th Floor
 Washington, D.C. 20036
 Atten: Membership**

APPLICATION FOR MEMBERSHIP

NAME: _____
 (PRINTED) _____

_____ LAST NAME FIRST NAME MI
 SIGNATURE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ TEL: _____

COMPANY: _____ DEPARTMENT: _____

WORK ADDRESS: _____
STREET ROOM/FLOOR# CITY STATE ZIP

WORK TEL. #: _____ SOC. SEC. #: _____

BENEFIT DATE (NCS): _____
MONTH DAY YEAR

BIRTHDAY: _____
MONTH DAY

SPOUSE/SIGNIFICANT OTHER NAME (optional): _____

DUES

Annual dues of \$15.00 will be collected in \$1.25 increments by payroll deduction on the first pay period each month;
 a one-time initiation fee of \$1.00 is also billed the first year.

You can help!!!

ACTIVITIES

You are invited to participate with any of the following activities. Please check those areas in which you are interested.

Thank you for "Answering the Call of Those in Need."

- | | | |
|--|---|---|
| <input type="checkbox"/> Beep Ball for visually challenged | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Net Day (wiring schools) |
| <input type="checkbox"/> Clowning | <input type="checkbox"/> Homeless | <input type="checkbox"/> Physically challenged |
| <input type="checkbox"/> Education/Literacy | <input type="checkbox"/> Hug-a-Bears | <input type="checkbox"/> One Day special events |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Instructor for Educational Classes | <input type="checkbox"/> Officer or Chairperson |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Mentally challenged | <input type="checkbox"/> Other _____ |

 Name of Person Signing New Member (if other than self) Telephone Number Date