

2016 MEMBERSHIP FORM

TO BE FILLED OUT WHEN YOU JOIN OR RENEW  
YOUR MEMBERSHIP

PLEASE PRINT NEATLY AND RETURN IT WITH YOUR DUES  
THE DUES THIS YEAR ARE \$30.00 FOR SINGLE AND \$45.00 FOR A Family  
\$12.00 Per Meeting Spouse Free

FEM NAME \_\_\_\_\_

MALE NAME \_\_\_\_\_

WIFE OR SO NAME \_\_\_\_\_

MAILING NAME \_\_\_\_\_

Birthday Month \_\_\_\_\_ Day \_\_\_\_\_

Spouse Birthday Month \_\_\_\_\_ Day \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DUES PAID BY:

CASH \_\_\_\_\_ CHECK \_\_\_\_\_ DATE PAID \_\_\_\_\_

AMOUNT \_\_\_\_\_

(IF PAYING BY CHECK, PLEASE MAKE CHECKS PAYABLE TO: PHI EPSILON MU)

I hereby release and hold harmless Phi Epsilon Mu and any board member for  
loss, harm  
or any unlawful act to, from and at any Phi Epsilon Mu function.. I also will abide  
the By Laws of Phi Epsilon Mu as posted on the web site..

Sign  
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Please Mail To:  
Phi Epsilon Mu  
PO Box 158  
Highland City FL 33846-0158