



MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

*National, State,
and Local Dues:*

*Regular: \$35
Reduced: \$10-34*

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

AMOUNT ENCLOSED: \$ _____ TYPE: New Renewal Lapsed

To be completed by Chapter Treasurer only:
Chapter Number: **KS0250**
Total National Dues
accompanying this form: _____



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Wichita, KS 67201

www.wichitanow.org

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