

# APPLICATION FOR MEMBERSHIP

## Latham Family Reunion National Chapter

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I hereby apply for admission into the Latham Family Reunion National Chapter

----- Please type or print clearly -----

My Name is: .....

Address: .....

City: ..... State: ..... Zip Code .....

Home Phone: ..... Work Phone: .....

E-Mail Address: .....

Date of Birth Month ..... Day .....

Applicant Signature ..... Date .....

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### MEMBERSHIP:

Membership in Latham Family Reunion National Chapter is open to all Latham Family members and friends.

### MEMBERSHIP DUES:

Each member will be assessed a one-time initial application membership fee of five dollars (\$5.00). Monthly dues shall be ten dollars (\$10.00). These funds will be used solely for up front expenses associated with reunions, to reduce the reunion registration cost of members, and to provide for costs of correspondence.

### PAYMENT:

Make Check or Money Order payable to ***Latham Family Reunion National Chapter.***

- ☐ One-time Initial Application Membership Fee - \$5.00
- ☐ Monthly Dues - \$10.00 x \_\_\_\_\_ Months = \$ \_\_\_\_\_
- ☐ Annual Membership Payment - \$ \_\_\_\_\_

### TREASURER:

I hereby certify that the member has paid the initiation fee/dues \$.....

Treasurer's Signature .....

Date .....

### Mail application to:

**Latham Family Reunion National Chapter**

**P.O. Box 451514**

**Los Angeles, CA 90045**

*Revised: January 2012*