Membership Application
The Chapter 146 Association

_____ New Membership **1 year $25.00 _____**
_____ Renewal Membership **All memberships run from March to March.**

(Please print clearly in bold capital letters in the spaces below so that your updated 146 MEMBERSHIP CARD can be sent to you.)

1	4	6		M	E	M	B	E	R	S	H	I	P		C	A	R	D

Name:

Home Address: Street, City, State, ZIP

Home Phone #: **Cell:** **Work:** **Ext:**

1- **1-** **1-**

Primary Email Address:

Work Email Address:

Employed By: _____Title: _____

Address: _____City: _____State: ____Zip: _____

License(s) Held: _____

Please Make Checks Payable To:
THE CHAPTER 146 ASSOCIATION
Mail to: PO Box 227, Lowell, MA 01853

Make a copy for your records.

Association Records Only

Treasurer's Initials: _____ Secretary's Initials: _____ Membership Card sent date: _____