

APPLICATION FOR MEMBERSHIP

This is my application for membership in the _____ Chapter of Freedom First Society for one year from this date, and for automatic renewal each year thereafter, unless I resign in writing. I understand the dues schedule, printed below, as applicable to myself.

I understand that Freedom First Society is a principle-based organization. I have read the *Founding Principles*, and in submitting this application I indicate my agreement with and willingness to support those principles.

If my application is accepted, I agree that my membership may be revoked at any time, by a duly appointed officer of the Society, without the reason being stated, on refund of the pro rata part of my dues paid in advance.

Signature	Date
Spouse's Signature (if applicable)	Spouse's Name (please print)
PLEASE PRINT THE FOLLO	WING INFORMATION ABOUT YOURSELF
Title First Name	M.I Last Name
Address	
City	State Zip
Primary phone ()	Alternate phone ()
E-mail	_ Spouse's E-mail
Approved by:	Title: Date:
□ Send me/us the electronic version of the mon	nthly <i>FFS Action Report</i> in addition to the printed version.
Membership □ Individual (\$50 minimum per year) □ Youth (\$25 minimum per year, available <i>only</i> to	☐ Married Couple (\$75 minimum per year) o those under 21 years of age) Age of youth:
Annual Invoicing (after initial payment). Initial □ Check or money order in the amount of \$ Charge my credit or debit card listed below \$	enclosed for first year payment.
Quarterly payment options (automatically charge \$12.50 (individual dues) \$18.75 (married cou Additional monthly contributions may be made thr VISA MasterCard	uple dues)
Card no	Exp. date
Verification code (Visa/MC	C: last 3 digits on back of card, Disc./AmEx: 4 digits above name on front of

P.O. Box 15099, Colorado Springs, CO 80935-5099