



DUPLICATE AS NEEDED • DO NOT INCLUDE BUSINESS PARTNERSHIPS ON THIS FORM • PAGE _____ OF _____

List Submittal Form for Local Unit Membership

Categories: P = PARENT S = STUDENT SF = STAFF C = COMMUNITY M/F = MALE/FEMALE

Date: _____

Local Unit Name: _____ Region: _____ Council: _____

PLEASE PRINT OR TYPE NAME FULL NAME ON ONE LINE ONLY – NO FAMILY MEMBERSHIPS CHECK CATEGORY

NAME	ADDRESS	PRIMARY PHONE	E-MAIL	CHECK CATEGORY					
				P	S	SF	C	M/F	
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For office use only – date received: _____