

**National Association of Parliamentarians
George Demeter Unit**

Application for Membership

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

I would like to join the George Demeter Unit in order to: _____

I prefer to be contacted by the George Demeter Unit _____ by email. _____ by US mail.

I would like to join the George Demeter Unit as a (select one):

_____ Primary Member. (I am already a member of NAP. Unit dues are \$30 per year.)

_____ Affiliate Member. (I am already a member of NAP and a member of another NAP Unit. Unit dues are \$30 per year. Other Unit(s): _____)

_____ Provisional Member. (I am NOT a member of NAP. Unit dues are \$25 per year.)

Attached is my dues payment of \$ _____. I understand that my payment will be returned to me if my membership is not approved.

Signature: _____ Date _____

FOR GEORGE DEMETER UNIT USE ONLY:

Received by: _____ Date _____

Endorsed by: _____ Date _____

Endorsed by: _____ Date _____

_____ Accepted _____ Not Accepted Date _____

Send completed form and check payable to "George Demeter Unit, NAP" to:
Peter Klapes, President
15 Hopkins Road
Jamaica Plain, MA 021230

Questions? Contact: peter.klapes6@gmail.com