

The New Chesapeake Men for Progress  
Education Foundation, Inc.  
Membership Application

**INSTRUCTIONS:** *Please provide the information requested so that we may accurately register you as a member, publish and distribute a membership directory. The completed form, which should be typed or legibly printed, should be returned directly to the Dr. George F. Reed, secretary at 1816 Varsity Drive, Chesapeake, VA 23324*

*Annual membership dues: \$60.00*

*Date of Application:* \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name Middle

Courtesy Title: \_\_\_\_\_ Current Job Title: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

Complete Business Address \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Office Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Pager: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Last Name First Maiden/Middle

Special Skills or expertise: Fundraising; Finance; Business Relations; Planning Events, etc.

Professional Affiliations: \_\_\_\_\_

Date of Your Anniversary: \_\_\_\_\_

Education, Honors, and Awards:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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