



*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 P.O. Box 1262, Chesapeake, VA 23327*

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:

