**Copy as needed**

**AFFILIATION** as a **DUAL or PLURAL MEMBER**

NAME ……………………………………………… PM or PP

ADDRESS …………………………………………. TELEPHONE NUMBER ………………………………

CITY ………………………………………………. POSTAL CODE …………………………………………..

NAME OF CHAPTER ………………………. NO ……

DATE OF AFFILIATION……………………………………………

OTHER CURRENT CHAPTER: ……………………………………………. CHAPTER NO.………

……………………………………………………..SECRETARY

DATE OF INITIATION …………………………….in ……………………………CHAPTER NO ...…..

SIGNED:

………………………………..SECRETARY

……………………………………. CHAPTER NO. …..

CHAPTER SEAL

This completed form is to be forwarded to the Grand Secretary after the ballot for Affiliation is held.