## APPLICATION FOUNDING MEMBERSHIP

Alford American Post Office Box 1586

Florissant, #0 63032—1586

I, or we, the below listed person (family) desire to become f ALFORD AMERICAN FAMILY ASSOCIATION.  We have read the proposed constitution and by—laws and are gothern and agree to support them to the best of our ability. (Recommendate enclosed)  Enclosed is a check, made payable to Alford American Family Associated and wife [if both living] and children under age 21, or single Persons under age 21, whose parents are not members, may register as Junor dues, however they do not have the right to vote nor to hold office.)	enerally in agreement with ions for change may be association, in the amount es of \$8. (This covers persons age 21 or over.	
Name of Husband or Single Male Applicant:	Date of Birth	į
	<b>T.</b> 2. X.	:
Name of Wife or Single Female Applicant:	Date of Birth	
En Statut Santa Carte Ca		
varies and Dates of Birth for single children (under age 21) to be of membership (use separate page if necessary):		
Title and Name to be used for mailing (Please print or type):		
Post Office Box or Street Address	Apartment Nr.	
City, State, Zip	Area Code & Phone	
Signature	Application Date	
Please complete and return the Applicant Information She And the Alford Worksheet (If one has not been submitted to C	et 3il Alford).	
FOR ASSOCIATION USE ONLY: MEMBER NR. A	AAFA -	
Reg Due W Into Norm Comp Meet Mot/Log Div Cor	nst Cert Card	