

Membership Application

All information is required

Chapter / Council / Club Recruited By
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PERSONAL INFORMATION		
First Name / Middle Initial	
Preferred Name / Nick name	
Last Name / Suffix	.....
Partner Name	.....
Birth Day (MM/DD)	Gender	NCS Date

<i>Home Address 1</i>	.....
<i>Home Address 2</i>	.....
<i>Home City ST Zipcode</i>	.....
<i>Home Telephone</i>	E-mail

<i>Work Address</i>	.....
<i>Floor / Room / Cube</i>	.....
<i>Work City ST Zipcode</i>	.....
<i>Work Telephone Ext</i>	E-mail
ATTUID	.....

PLEASE CHECK ALL YOUR AREAS OF INTEREST

..... Administrative Support	..... Humanitarian / Disaster Relief
..... Arts / Culture	..... Military
..... Child Welfare	..... Pioneer Leadership
..... Disadvantaged / Underprivileged	..... Project / Program Planning
..... Education / Literary	..... Social Services
..... Environment	..... Special Events
..... Fundraising	..... Technical / PC
..... Health / Wellness	.....

Annual dues help offset the cost of organizational activities including community service projects. This is to authorize AT&T Inc and any AT&T subsidiary or entity by which I may hereafter be employed to make payroll deductions of \$22 once per year for the payment of TelecomPioneers dues effective with this authorization and continuing until canceled by written notice.

Signature & Date	.....
Mail, E-Mail or Fax to:	
Debbie Reaves, 333 Commerce St AEDC, Nashville TN 37201	
G00886@att.com or Fax to 214.446.8904	