

APPLICATION for AFFILIATION

*This form may be used to request approval for affiliating Collegiate OR Alumnae members
PLEASE NOTE: For members to affiliate with a chapter, they must be in good standing.*

The _____ Chapter of _____ Province is requesting approval for the affiliation of:

1. NAME: _____ <i>If different, please give member's Initiated Name:</i> _____ Present mailing address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ E-mail: _____ Former mailing address: _____ City: _____ State: _____ Zip: _____ Initiating Chapter: _____	NH use only: <input type="checkbox"/> APPROVED <input type="checkbox"/> PENDING APPROVAL due to:
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For NH Use ONLY: FMS# _____ Current on Alum. Assoc. dues **OR** Billed for Alum. Assoc. dues - Invoice # _____
 Affiliate member# _____ Address update FMS Sol Good Standing Letter sent: _____

2. NAME: _____ <i>If different, please give member's Initiated Name:</i> _____ Present mailing address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ E-mail: _____ Former mailing address: _____ City: _____ State: _____ Zip: _____ Initiating Chapter: _____	NH use only: <input type="checkbox"/> APPROVED <input type="checkbox"/> PENDING APPROVAL due to:
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For NH Use ONLY: FMS# _____ Current on Alum. Assoc. dues **OR** Billed for Alum. Assoc. dues - Invoice # _____
 Affiliate member# _____ Address update FMS Sol Good Standing Letter sent: _____

3. NAME: _____ <i>If different, please give member's Initiated Name:</i> _____ Present mailing address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ E-mail: _____ Former mailing address: _____ City: _____ State: _____ Zip: _____ Initiating Chapter: _____	NH use only: <input type="checkbox"/> APPROVED <input type="checkbox"/> PENDING APPROVAL due to:
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For NH Use ONLY: FMS# _____ Current on Alum. Assoc. dues **OR** Billed for Alum. Assoc. dues - Invoice # _____
 Affiliate member# _____ Address update FMS Sol Good Standing Letter sent: _____

Date Scheduled for the Affiliation Ritual: _____ Send the Affiliation Approval(s) to: Name: _____ Office: _____ Daytime Phone #: () _____ E-mail: _____	Notes to Headquarters:
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Mail this form to: SAI National Headquarters 🎵 One Tunnel Road 🎵 Asheville, NC 28805
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