

# Lennox Marshalltown NMA Application

Name \_\_\_\_\_

Title \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\$54.00 Annual Dues (per year or \$4.50 X number of remaining months)

\$20.00 Initial Application Fee (unless waived during membership drive)

\$74.00

\_\_\_\_\_ As a payroll employee, I agree to the payroll deduction of Chapter dues in 12 monthly OR 24 bi-weekly installments equal to the appropriate fraction thereof as related to the Chapter's dues as set by the Chapter Board of Directors effective July 1, 2005.

NOTE: Automatic payment will continue each year, it is member's responsibility to cancel.

\_\_\_\_\_ As an annual Chapter member, I will pay in advance the annual dues, which runs July 1 to June 30.

NOTE: Annual Lennox Marshalltown Chapter (LMC) dues may be adjusted as authorized pursuant to the requirements set forth in the Chapter's Constitution and Bylaws.

Signature \_\_\_\_\_ 4/20/2007

Would you be interested in serving on a committee? Yes \_\_\_\_\_ No \_\_\_\_\_

What individual was instrumental in informing you of the benefits of joining LMC ? \_\_\_\_\_

Please return form to Member Relations Chair

CC: LMC Secretary,  
LMC Treasurer Date Received \_\_\_\_\_