



WASHINGTON METROPOLITAN AREA CHAPTER MEMBERSHIP APPLICATION

Please mail this application with your membership dues to:

Ms. Faye Faison
WMAC Treasurer
3340 Fordington Place
Waldorf, MD 20603

Telephone: (301)843-2062; **E-mail:** FaisonF47@aol.com

Name: _____
Last First Middle Initial

Address: _____

Telephone: (____)____-____ [Home] (____)____-____ [Work]
(____)____-____ [Cell]

Email: _____

Birth Date: ___/___/___ **Wedding Anniversary Date:** ___/___/___

WMAC Annual Membership Plan

_____ Single Annual Plan..... 1 payment.....\$100.00

(includes Local & National Dues, WMAC Newsletter, Sunshine & Fundraising)

TOTAL AMOUNT ENCLOSED: \$ _____ .00

If you are a Sampson School graduate, what year did you graduate? _____

Please **check here** _____ if this is your first time ever joining the SHSAA, Inc. (including a local chapter).

Please **check here** _____ if you are a member of a local chapter. Which Chapter? _____

THANK YOU FOR YOUR SUPPORT!!!

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