

**National Association of Parliamentarians
George Demeter Unit
Application for Membership**

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

I would like to join the George Demeter Unit in order to: _____

I prefer to be contacted by the George Demeter Unit _____ by email. _____ by US mail.

I would like to join the George Demeter Unit as a (select one):
____ Primary Member. (I am already a member of NAP. Unit dues are \$30 per year.)
____ Affiliate Member. (I am already a member of NAP and a member of another NAP Unit. Unit dues are \$30 per year. Other Unit(s): _____)
____ Provisional Member. (I am NOT a member of NAP. Unit dues are \$25 per year.)

Attached is my dues payment of \$ _____. I understand that my payment will be returned to me if my membership is not approved.

Signature: _____ Date _____

FOR GEORGE DEMETER UNIT USE ONLY:

Received by: _____ Date _____

Endorsed by: _____ Date _____

Endorsed by: _____ Date _____

____ Accepted ____ Not Accepted Date _____

Send completed form to:
Peter Senopoulos, President
15 Hopkins Road, Jamaica Plain, MA, 02130
Questions? Contact:
p.senopoulos@outlook.com