



### CHAPTER LIFE MEMBERS FORM

**INSTRUCTIONS:**

(List names of all Chapter Life Members)

1. **Type or Print** all reports. **Name, Address, City, State, Zip must appear on this form for data processing.**
2. Mail all EAF reports and contributions directly to the EAF office at the address above.
3. Give full name and full address (include zip code).
4. Retain a copy for your Chapter file, send original to EAF.
5. You may use the Life Membership roster (please make corrections)

**Chapter Name** \_\_\_\_\_ **Region** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Chapter Basileus** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Chapter Captain (required)** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

Name	Address	City, State, Zip	Dues
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Grand total amount submitted for Life Members at \$10 per member \$ \_\_\_\_\_  
**Checks must be made payable to: Educational Advancement Foundation (EAF)**

**(For Chapter Life Members Only)**

Name	Address	City, State, Zip	Dues
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