



## APPLICATION FOR MEMBERSHIP

### Personal Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Spouse's Name \_\_\_\_\_ E-mail \_\_\_\_\_

### Company Information:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Membership Information:

*(Please circle answer.)*

Send mailings to my: Home    Company

New Member?    Yes    No

Transfer Member?    Yes    No

Reinstated Member?    Yes    No

### Dues Information:

Make checks payable to:

**RSESA (\$10.00 per year)**

Remit check and application to:

**RSESA Int'l Treasurer  
Denise Ziegelbein  
8216 E Lohman Rd  
Lohman, MO 65053-9829**

*I agree to abide by the Constitution and Bylaws of the Auxiliary and of any Chapter to which I may belong.*

Signature \_\_\_\_\_ Date \_\_\_\_\_