

# Organizations

**Name of member:** \_\_\_\_\_

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ Purpose of organization: \_\_\_\_\_

\_\_\_\_\_

Membership number: \_\_\_\_\_ Date of joining: \_\_\_\_\_

Dues paid through: \_\_\_\_\_ Benefits due you: \_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name of organization: \_\_\_\_\_

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