

FFAM Auxiliary

Membership List

Year: _____

| Name | Address | Phone | Email | Sponsor |
|------|---------|-------|-------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

The executive board is requesting your list of Auxiliary members be received by January 1st as stated in the FFAM Auxiliary Bylaws. List each member along with address, phone number, email and the name of the FFAM member that is sponsoring. The membership dues are \$5.00 per person and no charge for honorary members.

Send completed application and dues to: Theresa Cox, 101 Timber Trace Crossing, Wentzville, MO 63385