



Alpha Delta Chapter

Invoice

2010

Please complete all information that applies:

- | | | | |
|--------------------------|--------------------------------------|-----------|-------|
| <input type="checkbox"/> | Renewing Member | \$60.00 | _____ |
| <input type="checkbox"/> | High Five | \$5.00 | _____ |
| <input type="checkbox"/> | High 10 | \$10.00 | _____ |
| <input type="checkbox"/> | High 10 Plus | \$10.00 + | _____ |
| <input type="checkbox"/> | New Member (includes initiation fee) | \$70.00 | _____ |
| <input type="checkbox"/> | Life Member | \$200.00 | _____ |

Total \$ _____

- Transfer National Membership from _____ (State)

Name: _____

Name Change? Previously: _____

Address: Check if new address:

Mailing Address: _____

City: _____ ST: _____ Zip: _____

Telephone #: _____ FAX #: _____

E-Mail Address: _____

District:

NW _____ NE _____ Central _____ South Central _____ South _____ State _____ FAMU _____

Please make check payable to **Epsilon Sigma Phi** by December 31, 2009 and submit to:

Ray Mobley
COOPERATIVE EXTENSION PROGRAM
215 PERRY PAIGE SOUTH
TALLAHASSEE, FL 32307
Phone: 850-412-5252
Fax: 850-561-2151