

APPLICATION FOR ASSOCIATE/HONORARY MEMBERSHIP

D K A, NATIONAL HONORARY CINEMA FRATERNITY

The _____ Chapter desires to confer _____ membership on

Name: _____
 First Middle Last

Home Address: _____
 Street City Zone State

Business Address: _____
 Street City Zone State

Profession or Occupation: _____

This request has been accepted by vote of the membership of the Chapter on _____, 19____.

Chapter President

Chapter Secretary

After approval by the chapter, Associated Candidates should be notified directly by the Chapter President.

CANDIDATES FOR HONORARY MEMBERSHIP MUST ALSO HAVE NATIONAL APPROVAL. THIS APPLICATION WITH ANY SUPPORTING INFORMATION SHOULD BE FORWARDED IMMEDIATELY TO THE NATIONAL OFFICE.

Application forwarded to National _____, 19____ Desired: Pin____
Key____
Certificate____
Card_____

Report of new Associate/Honorary Member

John Stealy
#371

APPLICATION FOR ASSOCIATE/HONORARY MEMBERSHIP

D K A, National Honorary Cinema Fraternity, v2

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Name: _____

Home address: _____

Business address: _____

Profession or Occupation: _____

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After approval by the chapter, Associate Candidates should be notified directly by the Chapter President.

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Application forwarded to National _____, 19____

Received: Pin _____

Date of Formal Initiation _____, 19____

Key _____

Certificate _____

Chd _____

Report of New Associate/Honorary Member