

PART – 4: FORMS & APPLICATIONS

Section I – National Council of Meridianites, Inc.® Chapter Application

APPLICATION

In order to apply for membership, you must be an established club with connections to Meridian, Mississippi. Your club must have elected officers with at least five (5) dues paying members. A roster of each must accompany this application. You must read this organization's bylaws and agree to abide by same. The stated joining fee must also accompany this application.

Your Club's Name _____ Date _____

*President _____ Signature _____

_____ Street Address _____ City _____ State _____ Zip _____

Telephone _____ email _____ Fax _____

Tentative Club Colors to be approved by the Organization _____

Required Officers

Office	Name	Address	City	State	Zip	Telephone
President						
Vice President						
Recording Secretary						
Treasurer						

Application Fee Attached: \$ _____ PLEASE ATTACH A MEMBERSHIP ROSTER

Return the completed application to the Vice President at the following address:

Name of Vice President _____

_____ Street Address _____ City _____ State _____ Zip _____

Telephone _____ email _____ Fax _____

Section XIII– National Council of Meridianites, Inc.® Individual Application

Individual Referral Application to Join a Chapter

Thank you for your interest in joining a chapter of The National Council of Meridianites, Incorporated.

Our Purpose

To bring together Meridianites from Meridian, Mississippi, and friends of Meridianites on a fraternal basis for the purpose of promoting and continuing good wholesome fellowship; to perform and engage in such charitable activities and acts as may be provided for in the bylaws of this Organization; to unite these Meridianites who will support and advance the goals of The National Council of Meridianites, Incorporated; and in this connection, Meridianites may organize themselves into local chapters in their various communities.

To help you make a selection, the following cities are listed where our chapters are located. Please circle the city where you would be interested in joining a chapter. You will be contacted by the membership chairperson in that city.

Atlanta	Chicago	Minneapolis-St. Paul
Cincinnati	Detroit	St. Louis
Meridian	Los Angeles	Greater Texas Chapter

Your Name _____ Date _____

_____ Street Address _____ City _____ State _____ Zip _____

Telephone Number: () - _____ - _____ Cell Number: () - _____ - _____

Email _____ Fax _____

Please return the completed referral application to the National Vice President at the following address:

Again, thank you for your interest and someone will contact you soon.

Visit our website at: www.nationalcouncilofmeridianites.com