

CFA MEMBERSHIP APPLICATION & REQUEST FOR INFORMATION



Mail your membership application with your check, payable to Chapman Family Association to: **Kathy Crouch, Treasurer, PO Box 472665, Aurora, CO 80047-2665-2665**; or if you are requesting additional information send an e-mail to **Albert Chapman, President, CFA: achapman at olemac dot net** or send a letter to 662 Dallas Road, Anderson, MO, 64831. (E-mail addresses are written in an unusual way to foil spammers.)

Name:		Please check the box that is applicable:	
Address:		Application for Membership: \$30.00	
		Joint Membership (spouse): +\$5.00	
City, State, Zip code:		Request for Information	
Phone Number:		Membership Renewal: \$30.00	
		Joint Membership (spouse): +\$5.00	
Email Address:			

How would you be willing to serve in the Association? We need volunteers for positions on many of the committees.

Officer _____ **Research** _____ **Data Entry** _____ **Records Extraction** _____ **Other** _____

TELL US ABOUT YOUR CHAPMAN ANCESTRY:

If you know your ultimate (most distant) Chapman ancestor?

Name: _____

Date & Place of Birth: _____

Spouse's Name and other information: _____

=====

ASSOCIATION USE ONLY:

Membership Number _____ Check Number _____ Dated _____ Amount _____