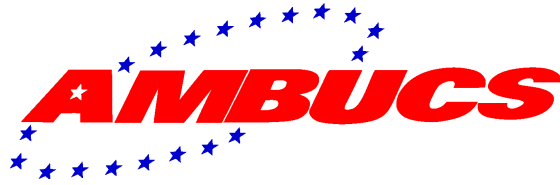


**NOON  
NETWORK**



**SALINA,  
KANSAS**

## **NEW MEMBER APPLICATION**

Date \_\_\_\_\_

Prefix: \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthday: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Anniversary: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Preferred Mailing Address: \_\_\_ Home \_\_\_ Work

Email Address: (required) \_\_\_\_\_

Preferred Method to Receive Weekly Newsletter: \_\_\_ Email (preferred) \_\_\_ Fax \_\_\_ Mail

Sponsor's Name: \_\_\_\_\_

Please return this form to the Secretary, Jennifer Barnett (PMB 175 PO Box 3020 Salina, KS 67402-3020), or your sponsor, along with the check for \$25.00 new member fees and the first quarter dues of \$90. In the future, dues will be billed to your preferred mailing address.

***Welcome to the club!***