Association of Mapping Seniors

"Keeping in Touch and Having Fun"
www.mappers.org

Lifetime Membership Application

Please complete this form and send it to:

Merle Biggin (MerleBiggin@uwalumni.com) 4808 Walbridge St Rockville, MD 20853-3459 301-946-4485

Your name:		DOB:
(As you wo	ould like it to appear in the AMS di	rectory)
Spouse name:		DOB
(As you wo	ould like it to appear in the AMS di	rectory)
Street number and name: _		
City:	State:	ZIP code:
Phone number: Cell Phone:		ell Phone:
Email address:		
Spouse Email address:		
a. You – b. Spouse – 2. If retired, give retiren a. You – b. Spouse – 3. Why do you wish to j a. You – b. Spouse –	nization and department do / nent month/year?	ng Seniors (AMS) Alumni Group?
		nion who is our sponsor, NWFCU pays utomatically AMS Members. (No Fee
Please provide your NWFC	U account number:	.
Once you become an AMS	Member you will receive an	invitation to join AMS Facebook.

Thank you for joining AMS