

# Fraternal Membership

This application was designed for those who would like membership in the association and wish to opt out of the benefit program. The Fraternal Membership application and dues will be sent to the respective division you wish to join. For a listing of division secretaries see [www.tpahq.org/leadership](http://www.tpahq.org/leadership). The application below can be printed directly from your home or office computer, and you can start using it today. Applications must be accompanied by membership dues as listed according to the month of submitting your application. Membership dues are \$23.10 for subsequent years.

### ***New Member Amount***

<i>January / July</i> .....	<i>\$28.10</i>
<i>February / August</i> .....	<i>\$26.17</i>
<i>March / September</i> .....	<i>\$24.24</i>
<i>April / October</i> .....	<i>\$22.32</i>
<i>May / November</i> .....	<i>\$20.40</i>
<i>June / December</i> .....	<i>\$18.48</i>
<i>Subsequent years</i> .....	<i>\$23.10</i>

***Application for Fraternal Membership without insurance benefits***

in Post \_\_\_\_\_ of the \_\_\_\_\_ Division

<i>New Member Amount</i>	
<i>January / July</i> .....	<i>\$28.10</i>
<i>February / August</i> .....	<i>\$26.17</i>
<i>March / September</i> .....	<i>\$24.24</i>
<i>April / October</i> .....	<i>\$22.32</i>
<i>May / November</i> .....	<i>\$20.40</i>
<i>June / December</i> .....	<i>\$18.48</i>
<i>Subsequent years</i> .....	<i>\$23.10</i>

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Applicant's signature \_\_\_\_\_

New Member's Certificate Number \_\_\_\_\_

Sponsor Name \_\_\_\_\_

Sponsor Post \_\_\_\_\_ Division \_\_\_\_\_ Certificate Number \_\_\_\_\_