

**SOUTHWEST ASSOCIATION OF BUFFALO SOLDIERS, INC.(SWABS)
POST OFFICE BOX 715, SIERRA VISTA, AZ 85636-0715**

MEMBERSHIP APPLICATION

I _____ would like to apply for/renew membership in the Southwest Association of Buffalo Soldiers (SWABS), Inc. on this _____ day of _____ 20___. I agree to abide by the Constitution and By-Laws of SWABS; and I am in accord with the principles and philosophy of the same.

Membership Fees:

Associate- \$10.00 (non voting)

Regular- \$25.00 (annually)

Lifetime- Age 50 and above \$250.00

40-49 \$350.00

30-39 \$450.00

29 and below \$500.00

Lifetime membership maybe pro-rated over two years.

Please complete form and return with Checks or Money Orders (no Cash) to the address above, Attention to: Membership Committee.

PLEASE PRINT REQUIRED INFORMATION BELOW:

NAME: _____

(Last)

(First)

Middle

ADDRESS _____

(Street, P.O. Box No., and/or Apartment Number)

(City)

(State)

(Postal Zip Code)

Home Phone# _____ Cell _____ Work _____

EMAIL: _____

Circle one:

Associate, Annual, Life Time, Life Time pro-rated

Signature

Received from: _____ the sum of \$ _____

() Cash () Check # _____

Representing: () Associate, () Annual, () Life Time, () Life Time Pro-Rated _____ () Honorary _____

Received By: _____ Date _____

Thank You for joining the Southwest Association of Buffalo Soldiers, Inc

SWAB has several committees that truly need your support. Please check one of the following committees you would like to participate in:

COMMITTEES

- Finance
- Programs and Planning
- Communications and Public Relations
- Membership
- Reenactment
- Hospitality
- Historical
- Fund Raising
- Building
- Other _____

SWABS would like to start a Junior Buffalo Soldier organization. Do you have any children you would like to participate as a Junior Buffalo Soldier? _____ If yes what are their names & ages?

Would you like to help with the development of the Junior Buffalo Soldiers? _____

