



ITALY

PAX ROMANA CHAPTER, NSDAR ASSOCIATE MEMBERSHIP APPLICATION

(Please print)

Name: _____

DAR #: _____

Email: _____

Telephone/Cell: _____

I am a member in good standing of (Chapter):

This is a: New Application ☐
 Renewal ☐

Associate member dues will not be accepted at this time.

☞ **DO NOT MAIL ANY MONEY NOW!** ☞

Sign and Scan then email or mail to Associate Chair Judy Farrigan at:
farrigan@bellsouth.net OR 326 South Oak Street, Jackson, GA 30233

STATEMENT: I understand that when my associate dues are requested, I will pay \$25.00 for my Associate Membership.

For any requirement connected with DAR activities, I do authorize the use of my personal data under Italian Law #657 12/31/96.

(Please sign below)

Signed: _____

Date: _____