



Youth Membership Form

Chapter Name _____

Chapter # _____

Event _____

Event Date _____

Number of Youth Members _____ x \$10

Total \$'s _____

Payment type (check one): Check enclosed _____

OR

Debit chapter cms accout _____

Signature approval for cms debit required: _____

(signature of chapter president or treasurer required)

Last Name	First Name	Parents Name	Address	City	State	Zip Code	Phone +Area	B-Date

Youth Memberships

Remember to take advantage of our OMR (Online Membership Reporting) system when submitting youth memberships; or you can use the *Youth Membership Summary* sheet to submit memberships with a chapter check to: PF/QF, Attn: Memberships, 1783 Buerkle Circle, St. Paul, MN 55110