



**Lone Star  
Chapter**

# Corporate Chapter Sustaining Membership Application

Please print or type

Company: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Dues	
Corporate Chapter Sustaining Membership	\$350
Method of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISC <input type="checkbox"/> Diners <input type="checkbox"/> Check: _____	
Charge Card # _____	Exp Date: _____
Signature: _____	

I would like someone to contact me to discuss sponsorship      Phone Number: \_\_\_\_\_

**Complete and mail this form along with payment to:**  
EDFAS  
Attn: Chapter Relations  
9639 Kinsman Rd.  
Materials Park, OH  
44073  
  
MAKE CHECKS PAYABLE TO  
**EDFAS**