

Dept Name _____

FFAM Auxiliary

Year _____

Membership List

Name	Address	Phone	E-mail	Sponsor

The executive board is requesting your list of Auxiliary members be received by January 1st as stated in the FFAM Auxiliary Bylaws. List each member along with address, phone number, email and the name of the FFAM member that is sponsoring. The membership dues are \$5.00 per person and no charge for honorary members. Send completed application and dues to: Sheri Berendzen, 2314 Tanner Bridge Rd, Jefferson City, MO 65101.