



National Office Use Only

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## LIFE MEMBERSHIP APPLICATION

*Please Print or Type*

Club/Chapter Name: \_\_\_\_\_ Club/Chapter Number: \_\_\_\_\_

Member Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Employed: Yes/No \_\_\_\_\_ Retired: Yes/No \_\_\_\_\_ Date Retired: \_\_\_\_\_

40th Year in Telecommunications Anniversary Date: \_\_\_\_\_

15th Year as a Member of ITPA Anniversary Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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