

THE NATIONAL SOCIETY OF THE SONS OF UTAH PIONEERS

APPLICATION FOR MEMBERSHIP

QUALIFICATIONS

MEMBERS ARE NOT REQUIRED TO BE DESCENDANTS OF PIONEERS

Members must be men of good moral character, principles, ideals, and desirous in fulfilling the Mission of the National Society of the Sons of Utah Pioneers (SUP) and its programs and may become members of the SUP upon acceptance of the membership application and receipt of dues to the national office.

LEGAL DISCLAIMER

BY SIGNING THIS APPLICATION YOU AGREE TO THE FOLLOWING

Please enroll me as a member of the National Society of the Sons of Utah Pioneers (SUP). As a member, I give permission for the SUP to send me the periodical Trail Marker Newsletter and other official SUP News or information by email or other electronic forms, as well as the Pioneer Magazine by mail.

I understand: I will be required to pay dues to Eagle Rock Chapter and I must also pay National membership dues. The SUP will not distribute any of my personal information outside of the SUP. By signing this application, I agree to these terms.

MEMBERSHIP OPTIONS

NATIONAL DUES - SELECT ONE OF THE OPTIONS BELOW

- Introductory Member Discount:** \$35 for any new member. (Annual renewal thereafter will be \$60 per year)
- Rejoining Member:** \$60 to continue membership
- Life Member Option A:** One payment of \$600. (A Life Member will NOT be required to renew National dues.)
- Life Member Option B:** Two payments of \$300 within 12 consecutive months.

CHAPTER MEMBERSHIP

CHAPTER DUES ARE IN ADDITION TO NATIONAL DUES

- Introductory Member Discount:** First year pro-rated \$2.50 times number of months to January.
- Rejoining Chapter Member:** \$30 annually to continue membership.

PERSONAL INFORMATION

PLEASE VERIFY ACCURACY OF INFORMATION BEFORE SUBMITTING

Application Date _____ If Known, Chapter Desiring to Join _____

Name _____ Name of Spouse _____

Address _____ City _____ State _____ Zip _____

Phone (cell) _____ (if applicable Landline) _____

Email _____ Date of Birth _____

Signature _____

If paying by check, please make payable to:

EAGLE ROCK CHAPTER SUP

Send completed form to:

**Eagle Rock Chapter
5385 Jolyn Way
Idaho Falls, ID 83404**

