

# ROSTER OF CURRENT MEMBERS

CHAPTER \_\_\_\_\_

SCHOOL \_\_\_\_\_

YEAR \_\_\_\_\_

TOTAL MEMBERSHIP \_\_\_\_\_



**\*\* NEW \*\***  
National Student Dues are  
\$20.00 per Year

Name	Address	City	State	Zip	Phone	Need SAIFD Pin?	Induction Date	National Member (\$20)	Local Associate Member(\$0)	Attending Symposium	This Year's Competitor
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											

Please make checks payable to AIFD and return this form to the National Student Membership

Total # of National members \_\_\_\_\_ X \$20 = \_\_\_\_\_ (total enclosed)