

# ROSTER OF CURRENT MEMBERS

CHAPTER \_\_\_\_\_

SCHOOL \_\_\_\_\_

YEAR \_\_\_\_\_

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



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

Name	Address	City	State	Zip	Phone	Email	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 Chair

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



## Credit Card Authorization Form

Name: \_\_\_\_\_ Chapter: \_\_\_\_\_

School: \_\_\_\_\_

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

### Credit Card Information:

VISA       MC       DISCOVER       AMEX

Card Number: \_\_\_\_\_ EXP: \_\_\_\_\_ CVV: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Billing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount: \_\_\_\_\_

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