APPLICATION FOR MEMBERSHIP

One time family fee \$1,000.00

PLEASE PRINT

Date:_

EMBERSHIP for PARENT/GUARDIAN		(ONLY ONE NAME)	
<u></u>	i:Yes No If yes, Year of Graduation:		-
Married SPOUSE's NAME:		Divorced	Never been married
Student Name:	DOB:	Starting Grade:	Year:
Student Name:	DOB:	Starting Grade:	Year:
Student Name:	DOB:	Starting Grade:	Year:
Parents' Names:			
Mailing Address:			
City:	State:	Zip Code:	
Phone Number:	Email Address:		
other method of transfer. Thus done and signed by applicant on the state of the st	this theday of	, 20in <i>i</i>	Amite, LA.
	APPLICANT	SIGNATURE	
Character References: (One of th	e following references must be a	n OFA Stockholder)	
Name:	Phone	No.:	Stock#_ FOR OFFICE USE
Name:	Phone	No.:	Stock#_
I hereby certify that the Board of Iday of			
		FOR OFFICE USE ONLY	
Secretary			
Secretary President			
Secretary			