

TEXAS TOPHATS

INDIVIDUAL MEMBERSHIP

First: _____ M.: _____ Last Name: _____

Address: _____

City / ST / ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____ @ _____

Parent Chapter: _____ No. _____ Dist. _____ Section _____

Dual Chapter: _____ No. _____ Dist. _____ Section _____

Plural Chapter: _____ No. _____ Dist. _____ Section _____

Jurisdiction: _____

Membership Category:

_____ Regular \$ 10.00/Triennium _____ Sustaining \$ 100.00

Payment Method: _____ Check Check # _____

_____ Cash

Please make Checks payable to Texas Tophats, Inc.

Please send completed form and payment to:

K. Arthur Drescher, Jr.
Membership Chairman – Texas Tophats, Inc
1901 Long Prairie Rd.
Suite 200-56
Flower Mound, TX 75028

Please direct questions to: art.drescher@tx.rr.com

or

Visit our Web Site: www.texastophats.org