

# THE NATIONAL SOCIETY OF THE SONS OF UTAH PIONEERS

## A P P L I C A T I O N F O R M E M B E R S H I P

### 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 payment 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 may still be required to pay local Chapter dues. To become a member of any Chapter within the organization, I understand I must also pay National membership dues. I understand 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

PLEASE 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.

### 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 \_\_\_\_\_ Email \_\_\_\_\_ Birth Date \_\_\_\_ | \_\_\_\_ | \_\_\_\_

Gift Membership? Y | N If Yes, Will Sponsor Pay Yearly Dues? Y | N Sponsor's Name \_\_\_\_\_

I hereby authorize \_\_\_\_\_ number of payments in the amount of \_\_\_\_\_ from my Visa or MasterCard.

Card # \_\_\_\_\_ Exp. Date \_\_\_\_ | \_\_\_\_ 3-digit Security Code \_\_\_\_\_

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

If paying by check, please make payable to "The Sons of Utah Pioneers"

Send completed form to: Sons of Utah Pioneers, 3301 E. Louise Ave., Salt Lake City, UT 84109

Membership application and payment also available at [www.sup1847.com/store](http://www.sup1847.com/store)

