



MEMBERSHIP APPLICATION

Website: www.augustus.org E-mail: admin@augustus.org Phone: (702) 530-1380
PO Box 230016 Las Vegas, NV 89105-0016

Personal Information

Name: _____

Home Phone: _____ Business or Cell Phone: _____

Mailing Address: _____

City _____ State: _____ Zip _____

E-Mail Address: _____

Place of Birth _____ Spouse's Name _____

Italian Heritage Surname: _____ __Mother's __Father's

Professional Information

Company: _____ Title _____

Industry: _____

Sponsors

Sponsor: _____ Signature _____

Sponsor: _____ Signature _____

Membership Information

How did you hear about the Augustus Society: _____

Please provide a brief statement as to why you would like to be a member:

Are you willing to serve on a committee? ___yes ___no

Dues (\$600 minimum per calendar year). Payment total _____

Check Number# _____

Credit Card # _____ Type: __Mastercard __Visa Exp Date: _____

Signature _____ Date: _____

By submitting this application you are agreeing to (1) allow the Augustus Society to contact you through the information you have provided, (2) add your information to our electronic databases and (3) allow us to either cash your enclosed check or charge your credit card as provided. Please note that membership is not assured and the Augustus Society reserves the right to grant or deny membership to any applicant.

Please mail your completed form and dues payment to the Augustus Society at PO Box 230016 Las Vegas, NV 89105-0016