



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: _____

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