THE NATIONAL SOCIETY OF THE SONS OF UTAH PIONEERS

APPLICATION FOR MEMBERSHIP

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; may become members of the SUP upon acceptance of 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 **Trail Marker** Newsletter monthly and other official **SUP News** by email, as well as the **Pioneer** Magazine by mail. I understand that I may still be required to pay local Chapter dues. To become a member of any Chapter within the organization, I understand that I must also pay National membership dues. I understand that 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

- ❑ **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.
- ❑ **ANNUAL MEMBER:** $60 per year. To continue membership, member must pay dues annually each anniversary.
- ❑ **ASSOCIATE MEMBERSHIP:** $25 per year. For a widow of an SUP member. Allows full participation in SUP activities.

PERSONAL INFORMATION

PLEASE VERIFY ACCURACY OF INFORMATION BEFORE SUBMITTING

Application Date _____ If Known, Chapter Desiring to Join_____ Birth Date (required) _____

Name_____ Name of Spouse_____

Address _____ City _____ State Zip _____

Phone_____Email_____

Is This a 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 "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
Revised 5/26