**AFWA MEMBER EMERITUS FORM**

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| MEMBER NAME: | CHAPTER: |
| PHONE: | EMAIL: |
| DATE OF BIRTH: | AFWA JOIN DATE: |

**AFWA BYLAW** - F. Emeritus 1. Qualifications: a. A member who is at least 70 years old and a member for at least 30 years b. Emeritus members do not pay national dues and shall retain the rights previously held as regular member.

**I** (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that **I am** at least 70 years of age and have been a member of AFWA for at least 30 years.

**-OR-**

**I** (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **nominate** (member name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Emeritus Status as she is at least 70 years of age and has been a member for at least 30 years.

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Signature of member or nominator Date

***Please e-mail to*** [***afwa@afwa.org***](mailto:afwa@afwa.org) ***or fax to 859-219-3532,***

***and a staff member will contact you to verify you eligibility.***