



CFA MEMBERSHIP APPLICATION

Please complete this form and send it with your check, payable to the Chapman Family Association to: **Kathy Crouch, Treasurer, PO Box 472665, Aurora, CO 80047-2665**

If you have any questions about your membership, please contact us at info@chapmanfamilies.org.

Name: _____

Address: _____

City, State, Zip Code: _____

Single Membership \$30 /__/_/ Household Membership \$35 /__/_/

Please include your current phone number, complete address and email address

Phone Number (____) _____ Address _____

Email Address: _____

TELL US ABOUT ANY UPDATES TO YOUR CHAPMAN ANCESTRY:

If you know your ultimate (most distant) Chapman Ancestor? _____

Date & Place of birth: _____

Ancestor's Spouse's name & other information

===== ASSOCIATION USE ONLY:=====

Member # _____ Check # _____ Dated _____ Amount \$ _____