

## CFA MEMBERSHIP APPLICATION & REQUEST FOR INFORMATION



Mail your membership application with your check, payable to Chapman Family Association to: **Lennae SeEVERS, Treasurer, 3410 S. 79<sup>th</sup> Street, Omaha, NE, 68124-3338**; or if you are requesting additional information, mail to: **Robert L. Sonfield, Jr., Executive Director, 770 South Post Oak Lane, Suite 435, Houston, TX 77056-1913.**

<b>Name:</b>		<b>Please check the box that is applicable:</b>
<b>Address:</b>		<b>Application for Membership \$30.00</b>
<b>City, State, Zip code:</b>		<b>Joint Membership (spouse) + \$5.00</b>
<b>Phone Number:</b>		<b>Request for Information</b>
<b>Email Address:</b>		<b>Membership Renewal \$30.00</b>
		<b>Joint Membership Renewal + \$5.00</b>

**How would you be willing to serve in the Association?** We need volunteers for positions on many of the committees.

Officer \_\_\_\_\_ Research \_\_\_\_\_ Data Entry \_\_\_\_\_ Records Extraction \_\_\_\_\_ Other \_\_\_\_\_

**TELL US ABOUT YOUR CHAPMAN ANCESTRY:**

**Unless you are a Chapman, please describe your Chapman connection:**

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**If you are a Chapman, who is your ultimate (most distant) Chapman ancestor?**

**Name:** \_\_\_\_\_

**Date & Place of Birth:** \_\_\_\_\_

**Spouse's Name and other information:** \_\_\_\_\_

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**ASSOCIATION USE ONLY:**

Membership Number \_\_\_\_\_ Check Number \_\_\_\_\_ Dated \_\_\_\_\_ Amount \_\_\_\_\_