



2024

MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

NAME: _____ YEAR OF APPOINTMENT: _____

CONSULATE OF: _____

TITLE: _____ US STATE DEPT PID # _____

ADDRESS: _____ SUITE: _____

CITY: _____), AZ ZIP CODE: _____

TEL: (_____) _____ CELL: (_____) _____

E-MAIL: _____ @ _____

SPOUSE OR SIGNIFICANT OTHER: _____

I _____ hereby request that the Executive Board of the Consular Corps of Arizona accept my application for membership for the year 2024. I'm attaching a photocopy of my current US State Department Consular Identification Card (Career and Honorary Consular Officers only) and enclosing my initiation fee* and membership dues along with this application.

Career: \$ 200.00 Honorary: \$200.00 Emeritus: \$200.00 Payable to: Consular Corps of Arizona

***Initiation Fee (one time fee) for New Members: \$300.00**

mail to: 1233 W Cove Drive, Gilbert AZ 85233

Member Signature

Date

Accepted by: Chairman of the Consular Corps

Date