

| Chapter Information | |
|----------------------------|--|
| Post # | |
| # of Members | |
| Recruiting Hours | |
| Volunteer Hours | |
| Monies Donated | |
| POC #1 Name | |
| Tel # | |
| E-Mail Address | |
| POC #2 Name | |
| Tel # | |
| E-Mail Address | |

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| E-Mail Address | |
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| Rider Information | |
|----------------------------|--|
| Name | |
| DOB | |
| Allergies | |
| Medications | |
| Emergency Contact | |
| Name | |
| Tel # | |
| Name | |
| Tel # | |
| Religion (Optional) | |

| Rider Information | |
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