



**Membership Application**  
There is no charge to be a member.  
Please complete this form and  
mail to:

**TRIADICS**  
c/o John Williams  
P.O. Box 2230  
Branson West, MO 65737

Your information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Road Name: \_\_\_\_\_

Spouse's Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Road Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address 2 : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Do we have your permission to make your name and contact information available to  
Triadics Officers?                      YES              NO (please circle one)

Be sure to check out our website and forum at:  
[www.triadics.net](http://www.triadics.net)  
for the latest news and information