



PLEASE PRINT CLEARLY

2021

MEMBERSHIP APPLICATION

NAME: _____ YEAR OF APPOINTMENT: _____

CONSULATE OF: _____

TITLE: _____ US STATE DEPT PID #: _____

ADDRESS: _____ SUITE: _____

CITY: _____ STATE: AZ ZIP CODE: _____

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

E-MAIL: _____ @ _____ . _____ DOB: MO _____ DAY _____

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 2021. 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: \$ EXEMPT Honorary: \$200.00 Emeritus: \$200.00 Payable to: Consular Corps of Arizona

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

Print, sign, date and mail to:

Hon. Kelly Moeur, CCAZ Treasurer
4635 S. Lakeshore Drive, Suite 101
Tempe, AZ 85282

(Or fill the form out, add your electronic signature and email to kmoeur@aol.com, then pay for your membership [online](#).)

Member Signature

Date

Accepted by: Chairman of the Consular Corps

Date