

LA BOUTIQUE des HUIT CHAPEAUX et QUARANTE FEMMES

APPLICATION FOR PARTNERSHIP

Please print in black ink only!

Name (Last, First, MI)

Departemental

Mailing Address

Name of Salon

Salon #

City State Zip + 4

Name of Veteran Eligible Through

Phone #

Relationship to Veteran

E-mail Address

Veteran's Branch of Service

Do you want to receive the Hatbox via e-mail ____ Yes ____ No

Recommended by Chapeaux Americains _____

Partner Sponsor _____

Signature of Etranger _____

ACCEPTED: Date _____ La Petit Secretaire _____

Date of Birth: _____