



PROBE Membership Form



NOTE: * indicates required field

First Name:* _____ M.I.: _____ Last Name:* _____

Address1* _____

Address2: _____

City:* _____ State:* _____ Zip:* _____

Home phone:* _____ Work phone: _____

Cell Phone:* _____ Email:* _____

Society Member #:* _____ Chapter # (if known): _____

Chapter:* _____ District:* _____

Chapter Bulletin Name: _____ Current Position: _____
(if Editor)

Offices: _____

PROBE Member Since: _____

Dues are still just \$10 per year.

Make check payable to **PROBE** and send to:

PROBE Secretary
Lowell Shank
2413 Stonebridge Lane
Bowling Green, KY 42101
lowell.shank@wku.edu
(270) 202-0515