



Chapter Application Blue Thong Society

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-Mail: _____

BTS Member #? _____ Who Referred you to BTS? _____

Name of Chapter: _____

Date Founded: _____

What is your Chapters' focus?

What are your plans for developing the Chapter? (growing the chapter & community outreach)

BTS Inc. requires that you select a charitable organization within 90 days of approval; please list two you are considering:

Once BTS Inc. receives and approves your application, we will then contact you. Your chapter information will be posted on the website along with information of how future members can contact you and join.

Mail or Fax application to:
Blue Thong Society Inc.

P.O. Box 230715 Encinitas, CA 92023-0715 / Fax: 760-874-0322

Questions? Email us info@bluethongsociety.com / 760-634-4957

www.BlueThongSociety.com

1-888-675-6886