

Sheet1

FIELD_NAME	CFIEFIEIFIENOTES	C,50
LAST_NAME	C	16 0 Last Name
FIRST_NAME	C	15 0 First Name
COMPANY	C	32 0 Company Name (if any)
ADDRESS_1	C	32 0 First Address Line
ADDRESS_2	C	32 0 Second Address Line
CITY	C	22 0 City Name
STATE	C	2 0 State Abbreviation
ZIP	C	5 0 Zip Code
HOME_PHONE	C	14 0 Home Telephone Number
WORK_PHONE	C	14 0 Work Telephone Number
EXP_DATE	D	8 0 Membership Expiration Date
MEMBR_TYPE	C	2 0 Type of Member (2-letter code)
CHAPTER	C	2 0 Chapter (2-letter code)
OCCUPATION	C	8 0 Occupation Codes (up to 3 2-character codes)
DISTRIBUTE	L	1 0 Include on distributed listings (Y/N)