



# MEMBERSHIP APPLICATION

Application must be completed in full for membership consideration.

**PLEASE PRINT**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Emergency: ( ) \_\_\_\_\_

## Membership:

Type:	Date:	Year:
Life:	\$600.00	____/____/____
New Annual:	\$ 60.00	____/____/____
Junior membership: under 19 yr:	\$ 30.00	____/____/____
Family Guardian & Under 19 yr:	\$ 90.00	____/____/____

Sponsor: \_\_\_\_\_

Sponsor: \_\_\_\_\_

E-Mail address and Phone number must be current to receive information from the club.