



# Become a Member Today!

NEW MEMBER  RENEWAL

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

TEXT OKAY? YES NO

E-MAIL \_\_\_\_\_

BIRTHDAY \_\_\_\_\_

MONTH \_\_\_\_\_

DATE \_\_\_\_\_

MEETING REMINDER: PHONE CALL / E-MAIL

Dues for members will be prorated as follows:

January – March ..... \$35.00

April – June.....\$30.00

July – September .....\$25.00

October – December.....\$20.00

Officer Use Only	
Amount Paid	_____
Cash _____	Check # _____
Receipt #	_____
Date	_____
By	_____