



Application for Membership

Sponsored By: _____

Applicant's Name:

First

Middle

Last

Home Address:

Street

City

State

Zip Code

Mailing Address (If different):

Age

Date of Birth

Phone Number

Email Address: _____

Spouse's Name: _____

Children's Name(s) :

Preferred Method of Communication (Circle one): Email / Mail / Text

Membership Fees:

"First Time" Fee

Annual Renewal Fee

Single person (18 & Over):

\$25

\$20

Married Couple:

\$40

\$30

Family w/ children(under 18 years of age):

\$50

\$40

Applicant's signature

Date