

Mem	bership
New	Renewal

Date:	
Amt paid/ck/cash:	
Tickets given:Yes	No

## **Print Clearly:**

Name:	Spouse	Spouse Name:		
Address:				
City:	State:	Zip code:		
Home Phone:	Cellphone	Cellphone:		
Email:	Birthday:	(month/day only)		
INITIAL IF CUI	RRENT DIRECTORY INFORM	1ATION CORRECT- NO		
CHANGES NEEDED				
PRINT CLEARLY CORREC	CTIONS NEEDED:			
INDICATED PAYMENT C	OF THE FOLLOWING:			
ADULT MEMBER	RSHIP \$35.00 (\$25.00 PLUS	\$10 TICKETS) or		
\$10.00 Tic	kets/Free Earned Membership	(Silent Auction Sales ect.)		
SENIOR- Membe	ership 80 + Years of Age (Fr	ee \$0) <b>No tickets</b>		
\$10.00 f	or Senior Tickets OPTIONA	L		
JR- Membership	o age 18 and under (\$10) <b>N</b>	o Tickets		
FXTRA tickets do	esired \$10.00 for Two Pag	^k		