Da	te
Na	me
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Cit	sy State Zip
Tel	ephone/Home/Cell Telephone/Work
Em	nail Address
	MEMBERSHIP INFORMATION (Fiscal Year January-December)
	Individual/Family/Household
	Sponsorship Level 1
	<b>Sponsorship Level 2</b>
<b>Note to Sponsors:</b> Please provide the information you would like displayed for your ad or an existing advertising piece that you would like to use on the advertiser's page of the monthly newsletter. A business card with all the information would be fine.	
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