## MEMBERSHIP APPLICATION FORM

NAME:				
ADDRESS:				
CITY:		STATE:	ZIP:	
E-MAIL ADDRE	SS:			
PHONE: Area Co	ode ()			
*(M	Circle the <b>number</b> of 1. Single membersh 2. Family membersh 3. Senior membersh fust be 65 or older and a	ip \$50 nip \$65 ip * (Free)		
List family member	ers:			
1	22		3	
2 semi-annual mee	tings or attend 3 of the previous year and have	12 board meetings. I	s required to attend at least in addition, a member mu of 10 hours for the Club,	st attend
	t you with hours Club as soon as possible.		f you believe this to be in	correct,
A \$20.00 per hour	assessment for the hour	s not worked is requ	ired with your membersh	ip fee.
Hours	X \$20. =		·	
This completed m	embership form and f	ee must be received	l prior to the beginning	of the

This completed membership form and fee must be received prior to the beginning of the ANNUAL MEETING, at 7:00 pm, in order to vote at the meeting. REMINDER: everyone must sign an insurance waiver before participating in any club activities.