

Membership Application

Membership Type (circle one):

Individual Associate - \$50 Sustaining Individual - \$100

Family Associate - \$100 Sustaining Family - \$200

New Renewal

Primary Member

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ E-Mail: _____

Phone Number: _____

Additional Members (Included on Family Memberships)

First Name: _____ Middle Initial: _____ Last Name: _____

Relation to primary member: _____ Birthdate: _____

Phone Number: _____ E-Mail: _____

Children (Included on Family Memberships)

First Name: _____ Middle Initial: _____ Last Name: _____

Relation to primary member: _____ Birthdate: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Relation to primary member: _____ Birthdate: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Birthdate: _____
