

MEMBERSHIP INFORMATION

Today's Date _____

Individual \$40 _____ Couple \$65 _____

Member 1 _____ DOB _____

Member 2 _____ DOB _____

Address _____

City, State, Zip _____

Phone # _____ email _____

Emergency Contact Name & phone:

Payment method: Cash _____ Check _____ Charge _____

Credit Card # _____ 3-digit code on back _____

Name on card _____ Expiration date _____

May we email your newsletter? ____ Yes ____ No

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