

**2020 MEMBERSHIP FORM**

New Member       Name Change       Address Change       Other \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Birthdate

**Spouse**

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Birthdate

**Address**

\_\_\_\_\_  
Street    City    State                      Zip Code

**Telephone #**

\_\_\_\_\_  
Home    Cell    Email

**Children under age 25** living with member or attending college: (List last name if different than above)

Last Name	First Name	Middle Initial	Birthdate		
_____	_____	_____	_____	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
_____	_____	_____	_____	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
_____	_____	_____	_____	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
_____	_____	_____	_____	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter

**Membership Dues:**

New Member (1st year)	\$150 per adult /\$300 couple/family
New Member Ages 80 - 84 (1st year)	\$100 per adult
New Member Ages 85 and over (1st year)	\$ 50 per adult
Ages 25 - 30	\$100 per person per year
Ages 31 - 79	\$280 per person per year/\$560 couple/family
Ages 80 - 84	\$190 per person per year
Ages 85 or older	\$100 per person per year

Check Payment Preference:    \_\_\_ Annual      \_\_\_ Semi-Annual      \_\_\_ Quarterly      \_\_\_ Monthly (10 payments)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEMBER'S SIGNATURE: \_\_\_\_\_

Membership dues are payable/due in January 2020. If joining mid year, yearly dues are pro-rated for 2020.

For office use:	Date:	Amt Pd	Ck No.	Cash	Rec'd by:	Entered
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