

2018 MEMBERSHIP FORM

New Member Name Change Address Change Other _____

Mr. Ms.
 Mrs. Dr.

Last Name

First Name

Middle Initial

Birthdate

Spouse:

Mr. Ms.
 Mrs. Dr.

Last Name

First Name

Middle Initial

Birthdate

Address

Street

City

State

Zip

Telephone #

Home

Cell

Email

Children at home: (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 80 – 84	\$190 per person per year
Ages 85 or older	\$100 per person per year
Ages 31-79	\$280 per person per year/\$560 couple/family
Ages 25 -30	\$100 per adult

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

Comments: _____

MEMBER'S SIGNATURE: _____

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