

**2019 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 Code

**Telephone #**

\_\_\_\_\_

Home                                      Cell                                      Email

**Children at home: (List last name if different than above)**

Last Name                      First Name                      Middle Initial                      Birthdate

\_\_\_\_\_  Son     Daughter

\_\_\_\_\_  Son     Daughter

\_\_\_\_\_  Son     Daughter

\_\_\_\_\_  Son     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 2019. If joining mid year, yearly dues are pro-rated for 2019.

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