



## Membership Form

First Name \_\_\_\_\_ MI. \_\_\_\_ Last \_\_\_\_\_ o M o F Birth Date \_\_\_ / \_\_\_ / \_\_\_

Spouse First Name \_\_\_\_\_ MI. \_\_\_\_ Last \_\_\_\_\_ o M o F Birth Date \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Your Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Spouse Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Family Membership Information (List Last Name if Different)

Dependent	Children's Names	M/F	Birth Date

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Membership Initiation Fee: \$50.00 and a Monthly Membership Fee of \$25.00

**Payment Method: Accept Initial Fee and Monthly Membership Fee**

**Credit Card:** Card Number \_\_\_\_\_ Expiration MM/YY \_\_\_\_\_ CVO \_\_\_\_\_

**Bank Account:** Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Type of Membership:** Family \_\_\_\_\_ Individual \_\_\_\_\_

Join Date: \_\_\_\_\_ Payment Received: Y/N \_\_\_\_\_

