

## New Membership Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Membership Level:	_____	Student	(\$10.00)
	_____	Individual	(\$25.00)
	_____	Couple	(\$30.00)
Check one	_____	Family	(\$35.00)
	_____	Organization	(\$35.00)
	_____	Business	(\$100.00)
	_____	Individaul Life	(\$250.00)