

New Membership Application Form

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: (____) _____-_____ E-Mail: _____

Today's Date: _____

Membership Level: ____ Renewal ____ New Membership

____ Student (\$10.00)

____ Individual (\$25.00)

____ Couple (\$30.00)

Check one ____ Family (\$35.00)

____ Organization (\$35.00)

____ Business (\$100.00)

____ Individual Life (\$250.00)