



MEMBERSHIP FORM

For membership July 1, 2015 through June 30, 2016

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone Cell _____ Home _____ Business _____

Email _____

All membership dues are \$15.00 - Please indicate if you are a new member or a continuing member:

New Member: \$ _____

Continuing Member: \$ _____

Additional Donation: \$ _____

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