

First Member

Please Print

Last Name	First Name	Middle Initial
Home Phone	Work Phone	Cell Phone
Birthday (m/d/y)	E-Mail Address	

Second Member

Last Name	First Name	Middle Initial
Home Phone	Work Phone	Cell Phone
Birthday (m/d/y)	E-Mail Address	

Address

Street	City	State	Zip
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Membership Information

<input type="checkbox"/> New Member	<input type="checkbox"/> Renewal	<input type="checkbox"/> Rejoining Past Member
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Sponsor Name

Anniversary Date (m/d/y)

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Membership Number	Date Approved	<input type="checkbox"/> Cash	Check #	Amount
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