



Membership Application

Date: _____

Name: _____ Birth Date: ____/____ (Month/Date)

Address: _____

Street

Apt. Number

City

State

Zip Code

Phone No. Bus: _____ Home: _____ Fax: _____

Email Address: _____

Membership Dues (Circle One)

(Note: Membership Dues are tax-deductible)

New Members

Individual	\$60
Family	\$84
Student	\$24

Renewals (Consecutive Years)

Individual	\$48
Family	\$60
Student	\$24

Joint Organization Membership Dues (New and Renewals)

Individual	\$36
Family	\$48
Student	\$12

If this is a family membership, please provide the following information:

Spouse/Significant Other: _____ Birth Date: ____/____ (Month/Date)

Anniversary: _____

Children:	Name	Birth Date	Age
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