



# MEMBERSHIP FORM

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

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

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ (Type: Home, Cell, Work)

**Membership Level:**

\_\_\_\_\_ Senior/Student (\$30)

\_\_\_\_\_ Individual (\$45)

\_\_\_\_\_ Household (\$100)

\_\_\_\_\_ Lifetime (\$500)

**Payment:**

\_\_\_\_\_ Cash    \_\_\_\_\_ Check    \_\_\_\_\_ Credit Card

CC#: \_\_\_\_\_

Expiration: \_\_\_\_\_ CSV: \_\_\_\_\_ *Office Use Only:*

Date Received: \_\_\_\_\_ Notes: \_\_\_\_\_