



MEMBERSHIP FORM

\$25.00 PER FAMILY

DATE: _____

FAMILY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ : _____

E-MAIL ADDRESS: _____

FAMILY MEMBERS: For membership only. (Does not include award signup)

	NAME	BIRTHDATE (If Under 18)
1		
2		
3		
4		
5		
6		
7		
8		

ONLY DISTRICT 23 MEMBERS ARE ELGIBILE FOR YEAR END AWARDS.

FAMILY MEMBERSHIP \$25.00

CHECK _____ CASH _____