

Membership Registration

	Distri	ct:
Namas (Eiret)	// aat\	
	(Last)	
	Phone:	
Previous District:(·	
Signature:	Amount Paid: Rec'd	Ву:
Cost: Full Membership is \$35		
Please email completed form	to President	
	Membership Registration	
	Distri	ct:
	Distri	ct:
Name: (First)	Distri (Last)	
Name: (First) Address:		
Address:		
Address:	(Last) Phone:	
Address:	(Last)Phone:(if a member last year)	
Address: Postal Code:(Previous District:(Email Address:	(Last)Phone:(if a member last year)	
Address: Postal Code:(Previous District:(Email Address:	(Last) Phone:(if a member last year)	