



## Membership Registration

District: \_\_\_\_\_

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous District: \_\_\_\_\_ (if a member last year)

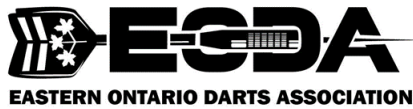
Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Rec'd By: \_\_\_\_\_

Cost: Full Membership is \$35

Please email completed form to President

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