

# **KINGS POINT APPLE CLUB**

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Membership Form: **Circle One**

Individual

Family

\$15

\$25

**NAME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**PHONE** \_\_\_\_\_

Please explain below any training, education, experience, or interest that you would be willing to share to help the club better serve the members.

CHECK \_\_\_\_\_

CASH \_\_\_\_\_