



Appalachian Highlands Celts

PO Box 865, Johnson City, TN 37605-0825 • contact@ahcelts.org • 423.491.5075

Membership Application

Name(s): _____

Address: _____

Phone: _____

City, State, Zip: _____

Email: _____

Membership Type	Cost	Selection
Individual	\$10	
Family (incl. 2 adults & all children under 18)	\$15	
Lifetime • Individual	\$100	

Please return membership form with payment to: **Appalachian Highlands Celts**
P.O. Box 825
Johnson City, TN 37605-0825

Completed application may also be submitted via email to contact@ahcelts.org and payment of dues may be made online at ahcelts.org/membership.

Signature: _____

Date: _____

Join Date: _____