



## MEMBERSHIP APPLICATION FORM

(Applicants under 17 years old DO NOT PAY DUES)

Member Applicant Name(s):

Birthday (Month/Day/Year)

1. \_\_\_\_\_ (DOB) \_\_\_\_\_

Celfone #: \_\_\_\_\_ e-Mail Address: \_\_\_\_\_

2. \_\_\_\_\_ (DOB) \_\_\_\_\_

Celfone #: \_\_\_\_\_ e-Mail Address: \_\_\_\_\_

3. \_\_\_\_\_ (DOB) \_\_\_\_\_

Celfone #: \_\_\_\_\_ e-Mail Address: \_\_\_\_\_

4. \_\_\_\_\_ (DOB) \_\_\_\_\_

Celfone #: \_\_\_\_\_ e-Mail Address: \_\_\_\_\_

5. \_\_\_\_\_ (DOB) \_\_\_\_\_

Celfone #: \_\_\_\_\_ e-Mail Address: \_\_\_\_\_

6. \_\_\_\_\_ (DOB) \_\_\_\_\_

Celfone #: \_\_\_\_\_ e-Mail Address: \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Please Choose Membership Type below:**

- ☐ Single ..... \$30.00
- ☐ Couple ..... \$40.00
- ☐ Family of 3 ..... \$50.00
- ☐ Family of 4 or more ..... \$60.00

**Membership Payment Type:**

- ☐ Cash      ☐ Venmo      ☐ Zelle

**Money received by:** \_\_\_\_\_

☐ Cheque - Bank Name: \_\_\_\_\_

**Payment Amount:** \$ \_\_\_\_\_

**Payment Date:** \_\_\_\_\_