

2027 JUNIOR MEMBERSHIP REGISTRATION & RENEWAL

PLEASE USE A NEW FORM FOR EACH MEMBERSHIP NUMBER.

Forms may be mailed together with one check.

NEW Membership: _____ RENEWAL of Jr. Membership: _____

DUES - \$15.00 per child, Renewal each year.

NAME: _____ Jr. #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ DATE OF BIRTH: _____ AGE: _____ GENDER: _____

PARENT'S NAME: _____ AMSA #: _____

PARENT'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT PHONE#: _____

AFFIDAVIT

I will uphold the Code of Ethics of AMSA at all times and abide by the Junior Members standard operating procedures.

Junior Member Signature: _____

Parent Signature: _____ Date: _____

Please Mail to: Membership Secretary, P.O. Box 106, Berlin, MD 21811

