

2025 AMSA LIFETIME MEMBERSHIP UPDATE FORM

Do we have your correct information on file?? We are asking Lifetime members to update their information if there have been changes. Please fill form in COMPLETELY so we can update our records. - Thank you for your time.

Please print clearly.

AMSA Tag No. _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

ALL FUTURE QUARTERLY NEWSLETTERS WILL BE SENT BY EMAIL AND PLACED ON THE AMSA WEBSITE. www.keepersofthebeach.com
PLEASE PROVIDE A CURRENT EMAIL ADDRESS.

EMAIL ADDRESS: _____

MAIL TO:
AMSA Membership Secretary
PO Box 106
Berlin, MD 21811
410-430-9480