

Confidential

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Membership Application

Name: _____ Date Of Birth: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

You must have two Hi-Tek members of good standings, Sponsor your application for Membership. List Club Members' name below.

1. _____

2. _____

Applicant Signature: _____ Date: _____

\$25 Processing Fee will apply to Membership fee

Please print and fax to (618) 9 HITEK