



MEMBERSHIP FORM

Name	
Mailing Address	
Email address	
Telephone #	

Check here to receive electronic communication only.

Membership Type:	
Regular \$30	
Family \$40	
Senior \$20	
Student \$20	
Life \$500	
Membership Total	
Donation:	
General purposes	
Scholarship	
TOTAL	

Payment:

Check one:

Cheque

Cash

Credit Card

#: _____

EXP: __/ __