

# membership form.

## choose your membership.

Individual \$25

Business \$100

Organizational \$100

Student/Seniors  
\$10 discount.

## member information.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_  
member signature

join date. \_\_\_ / \_\_\_ / \_\_\_

new

renewal

transit number: \_\_\_\_\_

check number: \_\_\_\_\_

paid amount: \$ \_\_\_\_\_

membership fees non-refundable.