



# MEMBERSHIP FORM

**\$25.00 PER FAMILY**

DATE: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ : \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FAMILY MEMBERS: For membership only. (Does not include award signup)

	NAME	BIRTHDATE (If Under 18)
1		
2		
3		
4		
5		
6		
7		
8		

ONLY DISTRICT 23 MEMBERS ARE ELGIBILE FOR YEAR END AWARDS.

FAMILY MEMBERSHIP \$25.00

CHECK \_\_\_\_\_ CASH \_\_\_\_\_