

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthday \_\_\_\_\_  
Month Day Year

Birthdate \_\_\_\_\_  
Month Day Year

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

1. Individual yearly membership \$ 30.00    2. Couples yearly membership \$50.00

Year	Date Paid	Amount Paid	Single	Couple
2024				
2025				
2026				

Emergency Contact Name _____ Number _____ New or Renewal:    N    R    (circle one)
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