



2017 MEMBERSHIP

Please Print

NAME:		
NICKNAME:		
STREET ADDRESS:		
CITY, STATE, ZIP:		
HOME PHONE: ()	CELL PHONE : ()	
EMAIL:	For Club Notices: √ One	PHONE <input type="text"/> EMAIL <input type="text"/>
YEARS DETECTING:		
AREA OF DETECTING YOU MIGHT WANT TO DO A LECTURE ON:		
AREA OF DETECTING YOU WANT SOMEONE ELSE TO DO A LECTURE ON:		
DUES		
MEMBERSHIP DUES \$15.00 SINGLE:		\$
IMMEDIATE FAMILY \$5.00 EACH:		\$
Name:	Relationship:	
TOTAL AMOUNT:		\$
COMMENTS:		
SIGNATURE:		DATE:
I give permission for my/our phone number(s)/address and/or email to be on the Club Roster		(Initial)

July 2017