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2024-2025 Membership Form

Date: _____

Name: _____ DOB: _____

Address: _____

City: _____ Zip: _____

Phone #: _____

Email: _____

Select your membership "X"

Family Membership \$70.00 _____ Individual Membership \$40.00 _____
(Family includes only immediate family members who reside in the same household address)

Discount -\$5.00 _____ By August 31st 2024 **Total:** _____
(Applied if Applicable)

Paid Via: CC CK#: _____ Cash Venmo
(Circle One)

Family Names and Birthdates for Family Membership

1) Name: _____ DOB: _____

2) Name: _____ DOB: _____

3) Name: _____ DOB: _____

4) Name: _____ DOB: _____

5) Name: _____ DOB: _____