MEMBERSHIP APPLICATION/RENEWAL

$10.00

☐ Single $25.00 ☐ Family $50.00 ☐ Over Sixty-Five

SENIORS

Name: _____Ph No:_____Email:_____

Address: _____

Name: _____Ph No:_____Email:_____

Address: _____

Name: _____Ph No:_____Email:_____

Address: _____

JUNIORS

Name **1**: _____ Age as of 1st July_____Date of Birth: ___/___/_____

Phone No._____Email:_____

Name **2:** _____ Age as of 1st July_____Date of Birth: ___/___/_____

Phone No._____Email:_____

Name **3:** _____ Age as of 1st July_____Date of Birth: ___/___/_____

Phone No._____Email:_____

Name **4:** _____ Age as of 1st July_____Date of Birth: ___/___/_____

Phone No._____Email:_____

Name **5:** _____ Age as of 1st July_____Date of Birth: ___/___/_____

Phone No._____Email:_____

Office Use Only:

Date Paid:_____**Receipt Number:**_____