



Membership Application

Annual Membership

Membership: Individual - \$15; Family - \$25; Student - \$5

Name: _____

Address: _____

City, ST., Zip: _____

Phone: _____

E-Mail: _____

Complete for Family Membership:

Spouse Name: _____

Other Family Members: _____

Corporate Membership

Membership: 1-9 employees: \$30; 10-20 employees - \$45
Over 20 employees - \$55

Business: _____

Address: _____

City, ST., Zip: _____

Phone: _____

E-Mail: _____

Number of Employees: _____

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