



Membership Form

NAME: _____

PHONE #: _____ E-MAIL: _____

Your Children:

Name _____ Grade: _____

Name _____ Grade: _____

Name _____ Grade: _____

Name _____ Grade: _____

\$20 Annual Membership

_____ I would like to charge my account the \$20 membership fee.

_____ I would like to pay cash/check for the \$20 membership fee.

Signature _____