

2024-2025 RENEWAL FORM

Card # _____

Renewal Applicant _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Signed _____ Date _____ Age _____

_____ **MENS DUES** **\$120**

_____ **LADIES AUX. DUES** **\$100**

_____ **MEN 65 & OLDER** **\$110**

_____ **LADIES AUX. 65 & OLDER** **\$90**

**CURRENT
MEMBERSHIPS
EXPIRE
JUNE 30TH, 2024**