

**2024-2025 RENEWAL FORM**

Card # \_\_\_\_\_

Renewal Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ **MENS DUES**      **\$110**

\_\_\_\_\_ **LADIES AUX. DUES**      **\$90**

\_\_\_\_\_ **MEN 65 & OLDER**      **\$100**

\_\_\_\_\_ **LADIES AUX. 65 & OLDER**      **\$80**

**“EARLY BIRD” PRICING  
FEB 1ST – MARCH 31ST  
PLEASE PAY THIS AMOUNT**

