

2026-2027 RENEWAL FORM      CARD# \_\_\_\_\_

RENEWAL APPLICANT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_  
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ AGE \_\_\_\_\_

_____ MENS DUES	\$120	_____ LADIES AUX DUES	\$100
_____ MEN 65 & OVER	\$110	_____ LADIES AUX 65 & OVER	\$90

CURRENT  
MEMBERSHIPS  
EXPIRE  
JUNE 30, 2026