



Membership Application

I want to subscribe to the newsletter.

First Name *

Last Name *

Email (preferred) *

Phone (preferred with area code) *

Street Address *

Street Address line 2

City *

State *

Zip

Name of spouse/significant other

If this is for a family membership, please complete one form for each person and submit.



New Membership	January 1 – June 30	July 1 – 31	August 1 – October 30	November 1- December 31***
Individual	\$40	\$20	\$20	\$60
Family*	\$60	\$30	\$30	\$60
Youth**	\$15	\$15	\$15	\$15
*Family memberships include immediate family members residing at the same street address.		** Student memberships are valid for individual members under the age of 18 with a valid student ID.		*** Applies towards following Years Dues

Submit

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