

Name _____

Address _____

City, St, Zip _____

Phone _____

Email _____

Method of Payment

Check

Visa

MasterCard

Credit Card #

Exp. date

Signature

Join or Renew*

Please check one:

- Individual Membership* \$10.00
- Family Membership* \$20.00
- Lifetime Membership \$200.00

Total _____

**All memberships except Lifetime expire 3/1/08*

