



## Membership Form

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Phone : \_\_\_\_\_

Email : \_\_\_\_\_

USCF ID: \_\_\_\_\_

Age : Over 19 Under 19 (circle one)

Referred by: \_\_\_\_\_

Date : \_\_\_\_\_

Paid by :      Cash          Check

Dues: \$10/year. Additional family members \$5 each up to a maximum of \$20