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MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY/STATE: _____

ZIP CODE: _____

*PHONE NUMBER: _____

EMAIL: _____

PAYMENT TYPE: CHECK, MASTERCARD/VISA/DISCOVER

NAME ON CARD: _____

CARD NUMBER: _____

EXP.DATE: _____

CVR CODE: _____

***PHONE NUMBER REQUIRED ON APPLICATION FOR ALL CREDIT CARD
PAYMENTS**