

Name: _____

Home Address: _____

Home Phone: _____ **Alternate #** _____

Alternate Address: _____

Email Address: _____

Attached is my check for annual membership dues in the amount of \$45.00.

The enclosed form must be filled out and returned to the ASC for annual membership
Beginning September 1, 2018 and expiring August 31, 2019.

(Please renew or enroll by 11-1-18 to retain your membership status)

Check# _____

Signature _____

Printed Name _____

Date _____