FAMILY MEMBERSHIP REGISTRATION - \$70

ASA primary *family members and dependents are to be listed on this page (<u>Date of Birth MUST</u> be listed as well as a working phone number). All information must be provided in order to process application.

*Family consists of head of household, spouse and dependents 21 years of age or younger.

PLEASE PRINT LEGIBLY OR TYPE.

Club Name:		CI	ub ID:
New Family Membership []	Family Primary Mem	ber's Renewing – ASA #	
Primary Member Name:			
Address:			
City:			Zip:
Phone # (C):	DOB:	E-mail:	
Family Secondary Name:		ASA #:	DOB:
Family Secondary Name:		ASA #:	DOB:
Family Secondary Name:		ASA #:	DOB:
Family Secondary Name:		ASA #:	DOB:
(Pl	ease make additional c	opies as needed)	
	PLEASE PRINT LEG	IBLY OR TYPE.	ounger. ub ID:
	Club ID: Family Primary Member's Renewing – ASA #		
Primary Member Name:	-	_	
Address:			
City:		State:	Zip:
Phone # (C):	DOB:	E-mail:	
Family Secondary Name:		ASA #:	DOB:
Family Secondary Name:		ASA #:	DOB:
Family Secondary Name:		ASA #:	DOB:
Family Secondary Name:		Λ S Λ #·	DOR:

(Please make additional copies as needed)