



APPLICATION FOR MEMBERSHIP

Name: _____

Birth Date: _____ Gender: Male _____ Female _____

Ethnicity: _____ American Indian
_____ African American
_____ Mexican American/Latino
_____ Asian
_____ Caucasian
_____ Other please specify _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone#: _____ Evening Phone#: _____

Comments:

Questions:

Parent's Signature: _____

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