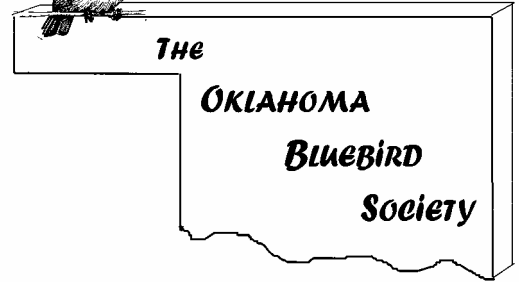
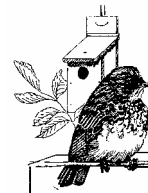


APPLICATION FOR MEMBERSHIP

Please Return to
Mark Roberts, Membership
9441 N. Evanston Ave.
Sperry, Ok 74073



For EACH family member, please complete the following:

- Ms.
- Mr.
- Mrs.
- Dr.

First Name Middle Name Last Name Suffix Nickname

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Home Phone Work Phone Mobile Phone Fax Number Alternative Phone

Email Address: _____

- Ms.
- Mr.
- Mrs.
- Dr.

First Name Middle Name Last Name Suffix Nickname

() - () - () - () - () -

Home Phone Work Phone Mobile Phone Fax Number Alternative Phone

Email Address: _____

- Ms.
- Mr.
- Mrs.
- Dr.

First Name Middle Name Last Name Suffix Nickname

() - () - () - () - () -

Home Phone Work Phone Mobile Phone Fax Number Alternative Phone

Email Address: _____

Please complete only ONE mailing address. This will help us to avoid sending duplicate mailings to Family members.

Street Address City State Zip Code

Dues Type Individual Family

Dues Amount \$10.00 \$15.00

Please check this box if you
do **NOT** want your name, address,
and phone published in the member directory

Additional Contribution Amount: _____

Other Interests (Please Describe): _____

Special Needs (Please Describe): _____