

# AHCL State Membership YEAR 2018

State Dues: \$10.00

Please PRINT all information except signature

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

WOULD YOU BE WILLING TO RECEIVE YOUR STATE  
NEWSLETTER BY E-MAIL? YES \_\_\_\_\_ NO \_\_\_\_\_

District: \_\_\_\_\_

County: \_\_\_\_\_

Club: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Number: \_\_\_\_\_

**Please send form and funds to your County Treasurer, who will  
send to State Treasurer**