

AHCL State Membership YEAR 2019

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**