

NAME Membership Application

Print this form and mail to:

NAME
PO BOX 69
CARMEL IN 46082-0069

Or if using a credit card you may fax it to: (317) 571-8105

Membership Dues Please Circle the Membership Desired in the chart below: (All amounts in US\$)

Term	Individual U.S. Member	Individual Foreign Member	Additional Family Member (U.S. or Foreign)	Youth Member U.S.	Youth Member Foreign
3 years	\$90.00	\$103.00	\$34.00	\$51.00	\$103.00
2 years	\$63.00	\$69.00	\$23.00	\$34.00	\$69.00
1 year	\$35.00	\$37.00	\$14.00	\$17.00	\$37.00

Please note that additional family members must reside at the same address as the individual member.

Member Application

Name _____

Street Address _____

City _____ State _____ Zip+4 _____

Telephone (_____) _____

Country (if not U.S.) _____

E-mail _____

Family Member's Name _____

Please send me information about clubs in my area.

Amount Enclosed _____

Check One: Check (payable to NAME) VISA MasterCard

Credit Card Number _____ Expiration Date _____

Signature _____

Signature required if charging membership