

**AHCL State Membership
YEAR 2017**

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: _____

Member at Large: Enter name again _____

State Dues: \$10.00

Signature: _____ Date _____

Please send forms and funds to your County Treasurer, who will send to State Treasurer.