

AHCL MEMBERSHIP FORM FOR NEW MEMBERS ONLY

Please PRINT all information except the 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**