



ACTIVE 20-30 US & CANADA

2017-18 NEW MEMBER APPLICATION

CLUB NAME: _____ **REGION #:** _____ **CLUB #:** _____

I hereby apply for membership in the Active 20-30 National Association:

Last Name _____ **First Name** _____ **Spouse's First Name** _____

Mailing Address

City _____ **State** _____ **Zip Code** _____

(____) _____ (____) _____ (____) _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____ **Birth Date** _____

E-mail Address

Firm Name _____ **Occupation** _____

NAME BADGE

Please PRINT how you want your name to appear on badge.

NATIONAL NEW MEMBER FEE

Valid for 2017-2018 fiscal year (07/01/17 - 06/30/18) only

_____ \$34.00 (with name badge)

_____ \$26.00 (without name badge)

NOTE: New Member Fees are not refundable or transferrable.

NATIONAL PRO-RATED DUES SCHEDULE

Valid for 2017-2018 fiscal year (07/01/17 - 06/30/18) only

The amount is based upon the quarter you joined your local club.

_____ 1st Quarter - JUL - AUG - SEP 2017

_____ 2nd Quarter - OCT - NOV - DEC 2018

_____ 3rd Quarter - JAN - FEB - MAR 2018

_____ 4th Quarter - APR - MAY - JUN 2018

NOTE: New Member Fees are not refundable or transferrable. By signing below, I agree to abide by the governing documents of Active 20-30 US & Canada and my home Club. I also agree to accept notifications regarding Active 20-30 news, events and notices via mail, telephone and/or email.

Signature of Applicant: _____

Date: _____

Sponsor's Name: _____

FEES

New Member Fee: _____

Pro-Rated Dues: _____

Local Club Dues: _____

=====

TOTAL: _____

FOR OFFICE USE ONLY:

_____ Date Application Received

_____ Amount Paid and Date

_____ Access _____ Website

_____ Date Name Badge Ordered

MAIL WITH PAYMENT TO:
***** NOTE NEW ADDRESS *****

ACTIVE 20-30 US & CANADA
PO BOX 255382
SACRAMENTO, CA 95865

If you have any questions, please email info@active20-30.org