

Membership Form

- Annual Membership (\$25)
- Life Membership (\$300)



Please Print

Name _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Optional:

Home Phone _____ Business Phone _____

Email _____

How did you hear about us? _____

A list of active members (including address, phone number, and email address) will be distributed to the membership in January of each year.

- Check if you wish your name to **NOT** be included on this list.

Mail to:

Bob Trefry, Treasurer
5104 Salima Street
Clinton, MD 20735