

**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.