

AWSC NEW MEMBER FORM

Use this form to submit NEW members to your club

DO NOT USE THIS FORM TO UPDATE EXISTING MEMBERS!

Please print legibly – thank you!

Club Name: _____

Club Number: _____

Name: _____ Spouse (must be married): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Name: _____ Spouse (must be married): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Name: _____ Spouse (must be married): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Name: _____ Spouse (must be married): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Name: _____ Spouse (must be married): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____
