



Membership/Re-up Application

Renewal

New Member

Personal Information

Name #1: _____
Last First Date of Birth.

Name #2: _____
Last First Date of Birth.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Anniversary: _____

His Cell: _____ Her Cell: _____

His E-mail: _____

Her E-mail: _____

Are you interested in lessons? Yes No

New Members Only

Recommendation by (2) active members of RHASC

1) _____

2) _____

What committee would you like to serve on?

Advertising Membership Newsletter

Ways & Means Telephone Social

Minimum Age for Membership is 21.

Annual Membership Dues of \$20.00 (**each**), required when application is submitted.

Date Paid _____ Date Card Issued _____

Applicant/s Signature _____

Applicant/s Signature _____