**First Name** 

State

**Work Phone** 

**Zip Code** 

**Last Name** 

City

**Mailing Address** 

**Home Phone** 

**Company Name** 

NAME BADGE

Re	egion#	Club Name	
	Email	Address	_
	Apt #	or Suite	_
de	Spous	se's First Name	_
Cell Phone		Date of Birth	_
			_
		FEES	
NEW	MEMBER F	EE	
PRO-	RATED DU	ES	
		IES	
	тот	'AL	
	FOR OFF	FICE USE ONLY	

## NATIONAL PRO-RATED DUES SCHEDULE

NOTE: New Member Fees are not refundable or transferable.

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

NATIONAL NEW MEMBER FEE

Valid for 2019-2020 fiscal year only

\$37.00 (with name badge)
\$30.00 (without name badge)

The amount is based upon the <u>quarter</u> you joined your local club.

 1st Quarter — JUL - AUG - SEP	\$ 100.00
 2 <sup>nd</sup> Quarter – OCT - NOV - DEC	\$ 76.50
 3 <sup>rd</sup> Quarter — JAN - FEB - MAR	\$ 53.00
 4 <sup>th</sup> Quarter — APR - MAY - JUN	\$ 29.50

NOTE: National Dues are not refundable or transferable. 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	

## MAIL WITH PAYMENT TO:

**Date Received** 

Amount Paid and Date

Date Name Badge Ordered

Access to Website



If you have any questions, please call us at (916) 634-4212, email Dale Fenton dale@active20-30.org, or visit: http://active20-30.org