



Membership Form

Type of Membership:

Single:(\$25) _____ Youth:(\$15) _____ Family:(\$35) _____

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Birthdate: _____

For Family Membership:

Spouses Name: _____

Childs Name & D.O.B. _____

Childs Name & D.O.B. _____

Childs Name & D.O.B. _____

Mail to: Connie Vansickle, 3000 Hogue Rd. Adamsville, Ohio 43802

Memberships **MUST** be paid before points can be earned!!!