

**2010 MEMBERSHIP DRIVE FORM**

Mr.  Ms.  
 Mrs.  Dr.

\_\_\_\_\_

Last Name                      First Name                      Middle Initial                      Birthdate                      email address

**Spouse:**

Mr.  Ms.  
 Mrs.  Dr.

\_\_\_\_\_

Last Name                      First Name                      Middle Initial                      Birthdate                      email address

**Address**

\_\_\_\_\_

Street    City    State    Zip

**Telephone #**

\_\_\_\_\_

Home    Cell    Fax    Other: Pager, etc.

Children at home: (List last name if different than above)

Last Name	First Name	Middle Initial	Birthdate	email address		
_____	_____	_____	_____	_____	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
_____	_____	_____	_____	_____	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
_____	_____	_____	_____	_____	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
_____	_____	_____	_____	_____	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter

**Membership Dues:**

**Individual Membership**

**Family Membership**

Single or single parent with dependent children	\$150	Family	\$300
Age 85 or older	\$ 75	Both 85 or older	\$150

<b><u>Membership</u></b>	<b><u>Semi-Annual</u></b>	<b><u>Quarterly</u></b>	<b><u>Monthly (10 payments)</u></b>
\$300.00	\$150.00	\$75.00	\$30.00
\$150.00	\$75.00	\$37.50	
\$ 75.00	\$37.50	\$18.75	

Check Payment Preference:  Annual                       Semi-Annual                       Quarterly                       Monthly (10 payments)

Comments: \_\_\_\_\_  
\_\_\_\_\_

**MEMBER'S SIGNATURE:** \_\_\_\_\_

For office use: Date: \_\_\_\_\_ Amt Pd \_\_\_\_\_ Ck No. \_\_\_\_\_ Cash \_\_\_\_\_ Rec'd by: \_\_\_\_\_ BCA \_\_\_\_\_ Entered Data \_\_\_\_\_