



Associate Membership Form

Club Name: _____

Contact Name: _____

Contact Phone#: _____

Date: _____

Revised 8/09

1	N/R	Business	Contact	Mailing Address	City	State	Zip	Phone	Email
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Total Payment: # of Associate Members (_____) X \$31 =									

ALL COLUMNS MUST BE COMPLETED WITH THE EXCEPTION OF EMAIL.

SECOND COLUMN: N stands for New Membership, R stands for a Renewal Membership.

*EACH ASSOCIATE MEMBERSHIP COUNTS AS ONE MEMBER FOR VOTING PURPOSES: SND BYLAWS