



MEMBERSHIP APPLICATION

LAST NAME: _____ FIRST NAME _____

FAMILY MEMBER'S NAMES _____

ADDRESS: _____

STATE: _____ ZIP: _____ TELEPHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: _____

I hereby make application for membership in, and agree to conform with the bylaws or any amendment thereof, in the ANNAPOLIS AMBLERS, and with the Rules and Regulations of the AVA in the IVV, and in application I certify the above.

DATE: _____ SIGNATURE: _____

Annual Membership Fees: Individual/Family - \$10.00 New Renewal

All Renewal Fees are annual beginning July 1, and membership will be valid through June 30.

Checks Payable to: Annapolis Amblers

Please mail check and this application to:

Annapolis Amblers
Attn: Marie Wiser
P.O. Box 320
Galesville, MD 20765

NOTE: Our meetings are held bimonthly on the 2nd Monday or Tuesday of that month. Watch for email notice.

SEE YOU ON THE TRAIL!

PERMISSION FOR ROSTER LISTING (circulated only to members):

Please indicate your wishes:

I give permission to list my (our) name(s) yes no
address yes no
phone number yes no
email address yes no