



2020

Membership Application

(Required Fields: Name(s) and any changes from last application)

Name: _____ Birth Month/Day _____

Additional Family Member(s): _____ Birth Month/Day _____

_____ Birth Month/Day _____

_____ Birth Month/Day _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Home Work or Cell)

Email: _____

Name as you would like it on your badge (i.e. nickname) _____

Additional Family Members _____

I am internet enabled ___ (Email newsletter, etc) NO ___ (Mail newsletter, etc)

I am interested in helping on a committee YES ___ NO ___

___ Special Events ___ Membership ___ Newsletter ___ Planning ___ Raffles

Do you have any other resources that would be of help to the club? _____

Dues:

Individual: \$25.00 (\$30.00 if you need newsletter, etc. mailed)

Additional Family Member(s): \$ 5.00 (for each member at same mailing address)

(This contribution is not deductible as a charitable contribution for the Federal income tax purposes.)

Member =	\$ 25.00
Family = ___ X \$ 5.00	\$ _____
TOTAL	\$ _____

Make check out to Desert Sharks PHC and mail check and application to:

Desert Sharks PHC
C/O Dan or Donna Dutton
Membership Chair
504 N. Daystar Mountain Dr.
Tucson, Arizona 85745

To Be Filled In By Membership Chairman

Date Paid _____ Check # _____

Amount Paid: \$ _____ Total Members _____