



2021

### Renewal 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	\$ _____
<b>TOTAL</b>	\$ _____

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

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

<i>To Be Filled In By Membership Chairman</i>	
Date Paid _____	Check # _____
Amount Paid: \$ _____	Total Members _____