

Signature of Applicant

Sponsor's Name

Date:

Region#	Club Name

Last Name	First No.		 Email Addr	
Last Name First Name		ame	Emaii Addi	ess
Mailing Address			Apt # or Su	uite
City	State	Zip Code	Spouse's F	irst Name
Cell Phone Date	e of Birth		Company Name	
Would you like your pronouns listed on your name badge? If yes, please list (2)			Occupation	
NAME BADGE		FEES		
Please PRINT first and last name		- NE	EW MEMBER FEE	
NATIONAL NEW MEMBER FEE \$37.00 (with name badge) Magnetic Back Pin Back			O-RATED DUES OCAL CLUB DUES TOTAL	
\$30.00 (without name badge) NOTE: New Member Fees are not refundable		FOR OFFICE USE ONLY		
NATIONAL PRO-RATED DUES SCHEDULE The amount is based upon the <u>quarter</u> you joined your local club. 1st Quarter — JUL-AUG-SEP \$110.00 2nd Quarter — OCT-NOV-DEC \$82.50 3rd Quarter — JAN-FEB-MAR \$55.00			A A	ate Received mount Paid and Date ccess to Website ate Name Badge Ordered
4th Quarter — APR - MAY - JUN NOTE: National Dues are not refundable o below, I agree to abide by the governing d US & Canada and my home Club. I also agr regarding Active 20-30 news, events, and n	ocuments of Active 20-3 ree to accept notification	30 ns	MAIL WITH PA	YMENT TO:



ACTIVE 20-30 US & CANADA 1540 River Park Dr., Suite 211 SACRAMENTO, CA 95815-4609