

Phone: 675-1357



Fax: 675-1359

MEMBERSHIP APPLICATION

\$90.00 + tax
Single

\$120.00 + tax
Family
(Children under 18)

\$20.00 + tax
Student
(18 yrs. & older)

\$45.00 + tax
Youth
(18yrs-29yrs non-student)

+Administration Fee: \$10.00 + tax

I.D. # _____

Name(s):

Names (please print)

Date of Births

Primary member _____

Spouse _____

Child _____

Child _____

Child _____

Child _____

Address _____

Mailing Address (if different from above) _____

Postal Codes _____

Email: _____

Phone Number _____ (Home), _____ (Business), _____ (Cell)

Credit Card #: _____ Exp: _____

Sponsored by: _____ Date: _____

I hereby, give the Società Caruso permission to use images captured during events and on the premises, for promotional and public use.

Signature: _____

OFFICE USE ONLY

Card No.: _____

Administration Fee: _____

Membership Fee: _____

Total Paid: _____

Receipt #: _____