GETTYSBURG REGION OF AACA MEMBERSHIP APPLICATION

Applicant's name	Date			
Name of spouse or significant other				
(spouse or s/o must reside at same addres	ss)			
Address				
(number & street)	(city)	(state & zip)		
Phone () Email				
YOU MUST BE A NATIONA	L AACA MEMBER TO J	OIN A REGION		
National AACA membership number	(enter <i>pending</i> if joining National now)			
MEMBERSHIP OPTIONS (includes \$10	initiation fee for name	e badges)		
REGULAR (includes spouse or significant o	ther)	\$25		
FIRST TIME ½ YEAR (if joining between Jur	ne 30 th and Oct 15 th)	\$17.50		
STUDENT (ages thru 25, must include copy privileges of Regular Membership No National membership is maintained	• • • • • • • • • • • • • • • • • • •			
LIFE (must be a NATIONAL life member, s	urviving spouse remai	ns		
LIFE member)\$260				
Anyone joining after Oct. 15 th will pay a fu	ll year's dues as above	e and be credited		
for the remainder of the current year plus	the next full year			
Name of sponsoring member (optional) _				
APPLICANT'S SIGNATURE				
Check payable to Gettysburg Region AACA	, should be mailed to:			
Patricia Shaffer 210 Faith Circle Car	lisle PA 17013-8822	2		
Questions? Contact Jim Yemzow (71	7) 243-5810 or coo	l49nash@gmail.com		