

Applicant's Name:	Date	
Spouse/Significant Other's Name:		
Address(Street)		
(Street)	(City)	(State and Zip)
Phone: ( ) E-Mail:		
YOU MUST BE A N	ATIONAL AACA M	IEMBER
National AACA membership number	(enter <i>pendi</i>	ing if joining National now
MEMBERSHIP OPTIONS (includes	\$10.00 initiation fee	for name badges)
<b>REGULAR</b> (includes spouse or signification REGULAR w/1 st Class Postage on Gas Buggy		
FIRST TIME 1/2 YEAR (if joining after	June 30 <sup>th</sup> )	\$22.50
<b>STUDENT</b> (ages 13 thru 25, must include proof of enrollment enjoys all privileges		
LIFE (Must be a National life member, s life member)		
Name of sponsoring member(optional):		
Applicant's signature		
Check payable to Gettysburg Region AA	ACA, should be maile	ed to
C. Edward Rogers 200 Westview Drive Mechanicsburg, PA 17055 5756		

Questions? Contact James Yemzow (717) 243-5810 or yemyakl@embarqmail.com