

Applicant's Name:	Date:	
Spouse/Significant Other's Name:		
Address	(City)	
(Street)	(City)	(State and Zip)
Phone: () E-Mail:		
YOU MUST BE A N	NATIONAL AACA ME	MBER
National AACA membership number	(enter <i>pending</i>	r if joining National now)
MEMBERSHIP OF	PTIONS (check which a	pplies)
REGULAR (includes spouse or significated REGULAR w/1 st Class Postage on Gas Bugg	cant other) y Gazette	\$25.00 \$29.00
FIRST TIME 1/2 YEAR (if joining after	er June 30 th)	\$12.50
STUDENT (ages 13 thru 25, must incluproof of enrollment enjoys all privilege		
LIFE (Must be a National life member, life member)		
Name of sponsoring member(optional):		
Applicant's signature		·
Check payable to Gettysburg Region A	ACA, should be mailed	to
C. Edward Rogers 200 Westview Drive Mechanicsburg, PA 17055 5756		
Questions? Contact James Yemzow (71	7) 243-5810 or yemyak1(@embarqmail.com