

MEMBER ADD/DELETE/CHANGE FORM

DATE: _____ CLUB NUMBER: _____ REGION NUMBER: _____
CLUB NAME: _____
SECRETARY/TREASURER: _____

MEMBER TYPE or STATUS:

Non-AHS Membership

N = NEW MEMBER \$15
F = FAMILY MEMBERSHIP \$8 (2 persons at the same address, total \$23)
Y = YOUTH MEMBERSHIP \$5 (same address as family)
L = LIFE MEMBERSHIP \$200 (all ages)
R = RESIGNED MEMBER
C = CHANGE OF INFORMATION: (name/address/phone number/email address)
D = DECEASED: Date: _____

TOTAL ENCLOSED: \$ _____

Fill out this form (**PRINT or TYPE**) and return with dues payment (if applicable) to:
TGOA/MGCA, P.O. Box 241, Johnston, Iowa 50131-0241.

MEMBER INFO: (FROM CODES ABOVE) _____ MEMBER #: (IF APPLICABLE) _____

MEMBER NAME: _____

DATE JOINED: _____ PHONE NUMBER: (____) _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ STATE: _____ ZIP: _____

SPONSOR NAME: _____ SPONSOR'S MEMBER #: _____

MEMBER INFO: (FROM CODES ABOVE) _____ MEMBER #: (IF APPLICABLE) _____

MEMBER NAME: _____

DATE JOINED: _____ PHONE NUMBER: (____) _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ STATE: _____ ZIP: _____

SPONSOR NAME: _____ SPONSOR'S MEMBER #: _____

MEMBER INFO: (FROM CODES ABOVE) _____ MEMBER #: (IF APPLICABLE) _____

MEMBER NAME: _____

DATE JOINED: _____ PHONE NUMBER: (____) _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ STATE: _____ ZIP: _____

SPONSOR NAME: _____ SPONSOR'S MEMBER #: _____