

MERLIN MARAUDERS

Membership Application & Renewal Form

PRINT CLEARLY

MEMBER NAME _____ **DATE** _____

SECOND ADULT (SPOUSE) _____

ALIAS _____ **SPOUSE ALIAS** _____

ADDRESS

CITY _____ **STATE** ____ **ZIP** _____

PHONE () _____ **Work** _____ **Cell** _____

E-mail address _____ **RO I Y/N** _____ **RO II Y/N** _____

JUNIOR (Under 19 yrs of age) _____ **ALIAS** _____

JUNIOR (Under 19 yrs of age) _____ **ALIAS** _____

MEMBER BIRTHDAY ____ / ____ **SPOUSE BIRTHDAY** ____ / ____
Day Month Day Month

Family Membership requires that persons reside in the same dwelling.

Membership: Single _____ (**\$25.00**) **Family** _____ (**\$35.00**)

EMERGENCY CONTACT PERSON _____

EMERGENCY CONTACT PHONE HOME _____ **or CELL** _____

ARE YOU A:

MEMBER OF SASS Y/N _____ **SASS NUMBER** _____

MEMBER OF JCSA Y/N _____ **MEMBER OF NRA Y/N** _____

Tell something about yourself in 25 words or less: (Past clubs, interests, military service, where you lived, etc.)

(Continue on Backside)

**PLEASE MAIL MEMBERSHIP APPLICATION FORM AND ANNUAL DUES,
(\$25.00 FOR SINGLE MEMBERSHIP, OR \$35.00 FOR FAMILY MEMBERSHIP)**

TO:

MERLIN MARAUDERS

Make check payable to Merlin Marauders

P.O. BOX 202

GRANTS PASS, OR 97528