



MEMBERSHIP FORM

2009

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Cell Phone _____

Emergency Contact _____

Emergency contact Phone _____

AMA Number _____

Expiration date _____

Membership Type: (circle one)

\$50.00 Family

Family members:

_____	_____
_____	_____
_____	_____

\$30.00 Single

\$10.00 Mail only

Would you like your flyer e-mailed? (CHECK ONE)

NO _____

YES, save the postage and just email it _____

YES, but send me a copy by snail mail also _____

Email address (please print clearly) _____

Make check or money order payable to: **Central Arizona Trials Inc.**