



# Membership Form

**SEND TO ASA**

ASA # \_\_\_\_\_ (for existing primary member)

One Calendar Year **Individual** \$50  One Calendar Year **Family** \$70  **Scholastic** \$20 (Make copies as needed)

Primary Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

Family Members: (List **additional** family members' names, Date of Birth and ASA #'s on back)

1. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_ ASA #: \_\_\_\_\_

3. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_ ASA #: \_\_\_\_\_

2. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_ ASA #: \_\_\_\_\_

4. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_ ASA #: \_\_\_\_\_

**Cut Here**

Date of Issue \_\_\_\_\_

ASA Temporary Membership Card

**Give to Member**

Name: \_\_\_\_\_ ASA Club Name: \_\_\_\_\_ State: \_\_\_\_\_

The above named member is in good standing with the ASA and may participate in all ASA events for which they are eligible. This card is valid for 30 days from the Date of Issue. If ASA Permanent Membership Card is not received in 30 days please call the ASA office at 770-795-0232.



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Address: \_\_\_\_\_

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3. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_ ASA #: \_\_\_\_\_

2. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_ ASA #: \_\_\_\_\_

4. Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_ ASA #: \_\_\_\_\_

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