



P.O. Box 2472  
Bismarck, ND 58502

- \$5 - 1 Year
- \$15 - 3 Years
- \$25 - 5 Years

Enclosed: \$ \_\_\_\_\_

# Individual Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Club Affiliation \_\_\_\_\_