

DEEPLY ROOTED ANNUAL MEMBERSHIP FORM

NAME: _____

MAILING ADDRESS: _____

EMAIL: _____

PHONE: _____ **BIRTHDAY:** _____

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**PRORATED FEES:**

**SELECT AMMOUNT FOR CURRENT MONTH**

|                  |                |                   |                  |
|------------------|----------------|-------------------|------------------|
| <b>JANUARY:</b>  | <b>\$22.50</b> | <b>JULY:</b>      | <b>\$7.50</b>    |
| <b>FEBRUARY:</b> | <b>\$20</b>    | <b>AUGUST:</b>    | <b>\$5.00</b>    |
| <b>MARCH:</b>    | <b>\$17.50</b> | <b>SEPTEMBER:</b> | <b>\$2.50</b>    |
| <b>APRIL:</b>    | <b>\$15.00</b> | <b>OCTOBER:</b>   | <b>SEE BLEOW</b> |
| <b>MAY:</b>      | <b>\$12.50</b> | <b>NOVEMBER:</b>  | <b>\$27.50</b>   |
| <b>JUNE:</b>     | <b>\$10.00</b> | <b>DECEMBER:</b>  | <b>\$25.00</b>   |

**TOTAL PRORATED FEE: \$** \_\_\_\_\_

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WHOLE YEAR MEMBERSHIP

PLEASE USE ONLY FOR RENEWAL, MONTH OF OCTOBER, OR TO PRE-PAY FOR NEXT YEAR

\$30.00 PER YEAR **TOTAL FOR WHOLE YEAR: 20** _____ **\$** _____

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**LIFETIME MEMBERSHIP**

**\$500.00**

**TOTAL FOR LIFETIME MEMBERSHIP: \$** \_\_\_\_\_

**SIGNED (NEW MEMBER)** \_\_\_\_\_

**SIGNED (DR TREASURER)** \_\_\_\_\_