

**A.G.H.A. Membership Dues Form**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Phone (\_\_\_\_)** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Dues: Adult & Canadian: \$20.00** \$ \_\_\_\_\_

**Family: \$25.00** \$ \_\_\_\_\_

**Junior: \$10.00** \$ \_\_\_\_\_

**Foreign: \$30.00** \$ \_\_\_\_\_

**Life/Hon.: \$0.00** \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

**Return to: Libby Jensen, 7720 Rd. 104, Bayard, NE. 69334**

**Please let us know how you found us!!! AGHA Web site** \_\_\_\_\_

**Current Member** \_\_\_\_\_ **Magazine Ad** \_\_\_\_\_

**Please make all checks and money orders payable to AGHA.**