



# Application for Membership

In the \_\_\_\_\_ Pachyderm Club

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_ (F) \_\_\_\_\_

E Mail \_\_\_\_\_

Please send this form along with your check to:

\_\_\_\_\_  
\_\_\_\_\_

<b>Local Club Information:</b>
Meeting day
_____
Meeting Time
_____
Location
_____
Dues Rates
_____



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