

Team ROCKET Tri-Club Membership Form

Type of membership:

 Individual

Name _____

Age: _____ Male: _____ Female: _____

Address: _____

Email: _____

\$25.00/yr.

 Family

Name: _____

Age: _____ M: _____ F: _____

Name _____

Age: _____ M: _____ F: _____

List name, age and gender of other family members: _____

Address: _____

Email: _____

\$35.00/yr.

Comments/Additional Info: _____

T-Shirt(s): size(s) _____

**Make checks payable to Rick Greif, and please mail to:
Rick Greif, 103 Oakhurst Dr., Madison, AL 35758**