

NEOTT MEMBERSHIP APPLICATION

INDIVIDUAL: \$50

FAMILY: \$75

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

SHIRT SIZE: _____

FAMILY MEMBERSHIP: IMMEDIATE FAMILY MEMBERS THAT LIVE IN THE SAME HOUSHOLD ARE ENTITLED TO MEMBER BENEFITS AND MAY ENTER COMPETITIONS AT MEMBER RATE.

FAMILY MEMBERS: _____

EMERGENCY CONTACTS: (LIST ANY ADDITIONAL ON BACK OF FORM)

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

IF YOU HAVE ANY SPECIAL INTERESTS OR RESOURCES TO OFFER. PLEASE LIST THEM ON REVERSE SIDE OF THIS FORM.:



ANNUAL DUES:

INDIVIDUAL \$50 FAMILY \$75

**SUBMIT THIS FORM IN-PERSON TO
MEMBERSHIP COORDINATOR :**

SEE THE CLUB WEBPAGE AT WWW.NEOTT.COM