



ASA Renewal # _____
(for primary member)

Unknown ASA # _____
 New Member _____

ONE YEAR INDIVIDUAL \$35 ONE YEAR FAMILY \$50 (Make additional copies as needed)

Primary Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell#: _____ DOB: _____ Email: _____

Family Members: (List **additional** family members' names, Date of Birth and ASA #'s on back)

1. Name: _____ DOB: _____ ASA #: _____

3. Name: _____ DOB: _____ ASA #: _____

2. Name: _____ DOB: _____ ASA #: _____

4. Name: _____ DOB: _____ ASA #: _____

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ASA Temporary Membership Card

Date of Issue: _____

Name: _____ **ASA Club Name:** _____ **State:** _____

The above named member is in good standing with the ASA and may participate in all ASA events for which they are eligible. This card is valid for 30 days from the Date of Issue. If ASA Permanent Membership Card is not received in 30 days please call the ASA office at 770-795-0232.



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