

2010



Membership Application

NEW MEMBER _____

RENEWING MEMBER _____

GLRCHA# _____

PRINTED NAME:

ADDRESS:

CITY:

STATE: _____

ZIP: _____

PHONE: _____

EMAIL: _____

- _____ \$20.00 Youth Membership
- _____ \$25.00 Individual Membership
- _____ \$40.00 Family Membership

Family Membership Includes: Husband, wife and/or children, 18 years of age or younger, as of January 1st of the current year.

FAMILY MEMBERS

GLRCHA#	NAME	AGE	SOCIAL SECURITY #

We are required to have a social security number for all exhibitors. All earnings/payouts are reportable as income to the I.R.S. A form 1099 will be issued to all exhibitors receiving earnings.

Returned Check Fee: \$35.00

Make Checks Payable To: GLRCHA

Mail To: GLRCHA
1304 Wheeling Rd
Imlay City, MI 48444
DO NOT MAIL CASH

OFFICE USE ONLY

Date Received: _____
Cash: _____
Check# _____
Amount paid: _____