



MEMBERSHIP FORM

Date: \_\_\_\_\_ Check one:  New Membership  Renewal

Individual \$50 Family Membership (two or more people in one household) \$100

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

For family memberships please provide names of other household members.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Total Membership Amt. Paid: \$ \_\_\_\_\_

I don't wish to be a member, but here's my donation of: \$ \_\_\_\_\_

Email completed form to:  
[info@altonagrango.org](mailto:info@altonagrango.org)  
pay by Venmo @Altona-Grange  
specify "Membership"

Mail form with check to:  
Altona Grange #127  
P.O Box 28  
Hygiene, CO 80533