



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@altonagrang.org
pay by Venmo @Altona-Grange
specify "Membership"

Mail form with check to:
Altona Grange #127
9386 N. 39th St
Longmont, CO 80503