



[www.174ahc.org](http://www.174ahc.org)

## 2015 Membership Application

**New**                      **Renewal**

**This form is for a New membership or Renewing an existing membership. Please circle (above)**

### Personal Information

Name: (First Middle Last)

\_\_\_\_\_

Mailing Street Address:

\_\_\_\_\_

City/State/Zip:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Occupation (Optional):

\_\_\_\_\_

Spouse/Significant Other Name (Optional):

\_\_\_\_\_

Referred By (if applicable):

\_\_\_\_\_

Date of 174<sup>th</sup> AHC Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Month/Year

Month/Year

Unit Assignment \_\_\_\_\_

( Admin / 1<sup>st</sup> Plt / 2<sup>nd</sup> Plt / 3<sup>rd</sup> Plt / Maintenance / etc.

\_\_\_\_\_ Joining/renewing for 1 year; dues are \$15.00 (immediate thru 30 April 2016)

\_\_\_\_\_ Joining/renewing for 3 years; dues are \$40.00 (immediate thru 30 April 2018)

**Additional Donation (Optional) of \$ \_\_\_\_\_ Applied to 174<sup>th</sup> Assn. Administration Expense**  
Total amount enclosed \_\_\_\_\_

Mail Completed application and payment to:

Jim Young  
174th AHCA Secretary  
P.O. Box 384  
Corona del Mar, CA 92625