



2007 MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_ (H) \_\_\_\_\_ (W)

E-MAIL \_\_\_\_\_

YOUTH B-DAY \_\_\_\_\_ AHA# \_\_\_\_\_

ADDITIONAL MEMBERS AT SAME ADDRESS:

NAME \_\_\_\_\_ YOUTH B-DAY \_\_\_\_\_

AHA # \_\_\_\_\_

NAME \_\_\_\_\_ YOUTH B-DAY \_\_\_\_\_

AHA# \_\_\_\_\_

MAHA YOUTH \$ 5 X \_\_\_\_\_ = \_\_\_\_\_

MAHA INDIVIDUAL \$15 X \_\_\_\_\_ = \_\_\_\_\_

MAHA FAMILY \$30 X \_\_\_\_\_ = \_\_\_\_\_

AHA ADULT MEMBERSHIP \$25 X \_\_\_\_\_ = \_\_\_\_\_

AHA ADULT COMPETION CARD \$20 X \_\_\_\_\_ = \_\_\_\_\_

AHA YOUTH \$20 X \_\_\_\_\_ = \_\_\_\_\_

AHA YOUTH COMPETITION CARD \$10 X \_\_\_\_\_ = \_\_\_\_\_

TOTAL AMOUNT DUE: \_\_\_\_\_

**MAKE CHECK PAYABLE TO: MAHA, INC.**

PLEASE SEND CHECK AND APPLICATION(S) TO:

LYNN DANIEL  
MEMBERSHIP CHAIRMAN  
102 SIR PATRICK WAY  
WARNER ROBINS, GA 31088