

MEMBERSHIP DUES

*Please include this completed form when
paying your membership dues. Thanks*

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

Please choose a membership package below

ADULT \$15.00/year

JUNIORS \$5.00/year

FAMILY \$20.00/year

Membership cost \$ _____

Number of years \$ _____

TOTAL ENCLOSED \$ _____

*Please note that your Membership begins the day you pay your dues. Your Bulletin address label reflects your current membership term. If the dates on your address label are **highlighted**, your membership needs to be renewed and your dues must be paid.*

Send completed form and payment to:

Charles Dwight
A.H.A. Secretary/Treasurer
1093 State Route 101 East Clyde, OH 43410-9710



OFFICIAL ORDER FORM FOR A.H.A. BANDS

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

COSTS

Bands \$0.35 ea.

Plus \$2.00 for postage per order

Minimum order = 25 bands.

Order in increments of 5 (25-30-35 etc.)

Number of bands _____

X _____ **.35**

Cost of bands \$ _____

Plus Postage \$ _____ **2.00**

TOTAL ENCLOSED \$ _____

If you want a certain numerical range, get your order in early and specify below the range you are requesting.

Series Preferred: _____

Alternate Series: _____

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PATCHES, MEDALS & PINS

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

PATCHES

Cost of patches _____ **7.50**

Number of years _____

TOTAL \$ _____

NATIONAL PINS

Cost of pins **not available at this time**

Number of pins _____

TOTAL \$ _____

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