

**2011 MEMBER ADD/DELETE/CHANGE FORM**

DATE: \_\_\_\_\_ CLUB NUMBER: \_\_\_\_\_ REGION NUMBER: \_\_\_\_\_  
CLUB NAME: \_\_\_\_\_  
SECRETARY/TREASURER: \_\_\_\_\_

**MEMBER TYPE or STATUS:**

Non-AHS Membership

- N = NEW MEMBER \$15
- F = FAMILY MEMBERSHIP \$8 (2 persons at the same address, total \$23)
- Y = YOUTH MEMBERSHIP \$5 (same address as family)
- L = LIFE MEMBERSHIP \$200 (all ages)
- R = RESIGNED MEMBER
- C = CHANGE OF INFORMATION: (name/address/phone number/email address)
- D = DECEASED: Date: \_\_\_\_\_

**TOTAL ENCLOSED: \$** \_\_\_\_\_

AHS membership (optional): \$40 for 2 years or \$40 for one year for a couple. New members please notify HQS of your intent to join AHS and send a check made payable to TGOA and HQS will process it. AHS will send renewal notices to each individual.

Fill out this form (**PRINT or TYPE**) and return with dues payment (if applicable) to:  
**TGOA/MGCA**, P.O. Box 241, Johnston, Iowa 50131-0241.

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MEMBER INFO: (FROM CODES ABOVE) \_\_\_\_\_ MEMBER #: (IF APPLICABLE) \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_ AHS membership: Yes No  
Circle one

DATE JOINED: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SPONSOR NAME: \_\_\_\_\_ SPONSOR'S MEMBER #: \_\_\_\_\_

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MEMBER INFO: (FROM CODES ABOVE) \_\_\_\_\_ MEMBER #: (IF APPLICABLE) \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_ AHS membership: Yes No  
Circle one

DATE JOINED: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SPONSOR NAME: \_\_\_\_\_ SPONSOR'S MEMBER #: \_\_\_\_\_

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MEMBER INFO: (FROM CODES ABOVE) \_\_\_\_\_ MEMBER #: (IF APPLICABLE) \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_ AHS membership: Yes No  
Circle one

DATE JOINED: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SPONSOR NAME: \_\_\_\_\_ SPONSOR'S MEMBER #: \_\_\_\_\_