

MIDDLE GEORGIA STA-GONER'S
MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

SPOUSE/COMPANION: _____

CHILDREN AT HOME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____

HOME PHONE: _____

CELL PHONE: _____

E-MAIL: _____

TYPE WINNEBAGO/ITASCA _____

WIT # _____

HIS BIRTHDAY _____ **HER BIRTHDAY** _____

WEDDING ANNIVERSARY: _____

STA-GONER DUES PD:\$ _____ **STATE DUES PD:\$** _____

INITIATION FEE PD: \$ _____