

# ASSOCIATE ID FAMILY MEMBER FOR THE YEAR 2022

Date \_\_\_\_\_

First Time

**\$20.00**

Renewal

Disc Photo#  Sent by E-Mail  Use Photo on File

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ Lodge # \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Active Member Name \_\_\_\_\_ National # \_\_\_\_\_

Relationship \_\_\_\_\_

Signature \_\_\_\_\_

**Must be a Family Associate Member**