



## Alano Club West Membership Form

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_  
Receipt No.: \_\_\_\_\_  
Period Paid: \_\_\_\_\_

New Member Registration   
Membership Update   
Existing Membership

Please Print Clearly

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Telephone with Area Code \_\_\_\_\_  
A.A. Birthday \_\_\_\_\_  
Date Joined \_\_\_\_\_

### Membership Rates

1 Month	\$15.00
6 Months	\$75.00
1 Year	\$135.00

Mail the completed form to **1555 S. 7th Street, Bldg K, San Jose, CA 95112** or turn it in to any Alano Club West Board Member.