



Membership Application

PLEASE PRINT OR TYPE

Circle One Only: **New Membership** **Renewal Membership**

Date: _____ **Is this address, phone number or e-mail address different from last year's renewal?** Y N

Name: _____

Address: _____

City: _____ State: _____ Zipcode+4: _____ Country: _____

Area Code: _____ Phone Number: _____ E-mail Address: _____

Associate Membership: Receive 4 newsletters, 2 magazines, 1 membership card, directory listing and start up packet for new members. **\$30.00** = \$ _____

Sustaining Membership: Receive 4 newsletters, 2 magazines, 1 membership card, directory listing, newsletter listing, thank you from the commander, and start up packet for new members. **\$40.00** = \$ _____

Family Membership of Associate and Sustaining members: For record keeping purposes, please list your spouse, and all children under 18 that live with you. If you want any of your family members to be listed on the membership card and be listed in the directory, please indicate which ones, and include \$1 for each in your payment.

Family Member Name _____ **\$1.00** = \$ _____

Family Member Name _____ **\$1.00** = \$ _____

Family Member Name _____ **\$1.00** = \$ _____

Family Member Name _____ **\$1.00** = \$ _____

Overseas Membership Postage: Air Mail (for non-US addresses, including **Canada, Mexico, Europe, and Asia**) . **\$11.00** = \$ _____

Donation = \$ _____

Total Amount = \$ _____

*** NO Canadian or Foreign checks, PLEASE! U.S. Funds ONLY!** Use postal money order, money order/bank draft drawn on a U.S. Bank, or PayPal. Send your completed application with your payment for the total shown made payable to "THE WHEELMEN". The membership year is January 1st to December 31st. To maintain continuous membership, renewal should be received between October 1st and December 31st. New memberships received after September 30th are posted to the following year.

Mail form & payment to:
Randy Oleynik
The Wheelmen Treasurer
13285 Maxwell Rd
Carleton, MI 48117-9730

Official Use Only Check No.: _____ Amount: _____ Date Received: _____ Initials: _____

