

**FRIENDS OF ANWARC**  
**MEMBERSHIP APPLICATION**

DATE: \_\_\_\_\_ (Required)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

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

**MEMBERSHIP DUES ARE \$25.00 FOR AN INDIVIDUAL OR FAMILY.** PLEASE INCLUDE NAMES (AND DATE OF BIRTH FOR YOUTH 18 & UNDER) OF FAMILY MEMBERS:

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

REMIT MEMBERSHIP DUES IN THE AMOUNT OF \$25.00, MADE TO **FRIENDS OF ANWARC**, TO THE SHOW SECRETARY THE DAY OF SHOW FOR ANWARC POINTS TO COUNT THAT DAY, OR MAIL TO CINDY PHARR, ANWARC TREASURER, P. O. BOX 96, LINCOLN, AR 72744.