

MEMBERSHIP APPLICATION

Please print. Complete and mail this form with dues payment to:

A.H.P.S., P. O. Box 19028, Sacramento, CA 95819

Membership Type / Annual Dues

Adult (\$25) Couple (\$40) Student (\$10)

Name: _____

Spouse's Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email address: _____

Check enclosed: # _____ in the amount of \$ _____.