



# LIFE MEMBERSHIP APPLICATION

Please mail this form, along with your membership dues to:

Larry W. Elmore  
SHSAA, Inc. Financial Secretary  
P O Box 975 - Riverdale, MD 20738-0975

Questions regarding Life Membership should be directed to:

Jacinta F. Handon  
National Membership Chairperson  
Telephone: 301 455-7501 E-mail: [RMWC95@yahoo.com](mailto:RMWC95@yahoo.com)

Name:

Last

First

Middle Initial

Address:

Telephone:

[Home]

[Work]

[Cell] E-mail:

Birth Date:

Wedding Anniversary Date:

**PLEASE CHECK (✓) THE APPROPRIATE LINE BELOW**

Life Membership Plan (Single = one person; Double = two people; and the "Plan" indicates how long you have to complete payment of the dues):

Senior Citizen/Retired 55yrs/Student Plan .....	\$175.00
Single Plan ..... 1 Payment .....	\$315.00
Single Plan ..... 18 Months .....	\$420.00
Double Plan ..... 1 Payment .....	\$420.00
Double Plan ..... 18 Months .....	\$525.00

TOTAL AMOUNT \$

**THANK YOU FOR YOUR SUPPORT!!!**