



## 2020 Membership Form

(One name per form)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate:(month/day/year): \_\_\_\_\_ Age as of 1/1/20 \_\_\_\_\_

Email: \_\_\_\_\_

Membership (Up to 21) \$25.00 \_\_\_\_\_

May 17, 2020 or after- \$30.00

(Due by May 16, 2020)

Total: Check # \_\_\_\_\_

Make checks payable to: ECLA

Send form and payment to:

Garrett Hamby

13503 National Pike

Clear Spring, MD 21722

### Please note:

1. Form needs to be complete in its entirety. Form and payment will be returned if information is not complete.

2. Your membership form and payment must be received before ECLA points are awarded. Points are not retro-active.