

WORLD ACROBATICS SOCIETY
Membership Application/ Renewal Form

Date: _____ Title (Mr., Ms., Dr., etc) _____

First Name: _____ Init: _____ Last Name _____

New Members: Please supply the following information.

Renewals: Fill in only if any changes are required.

Both: Your email address is very important. Please indicate if you are willing to receive future WAS communications via email. Yes () No ()

Email address (home): _____

Home Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Phone: _____ Cell: _____

Birth Date: _____ Spous's name: _____

Children: _____

Business: _____ Title: _____

Business Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Email address (work): _____

Acrobatic interests: _____

Membership dues: () \$35/Annual () \$150/Life () \$15/Sustaining Life

Mail application form and check payable to the World Acrobatics Society to:

Duncan S. Erley (dserley@yahoo.com)

5949 S. Birchwood Dr.

Ludington, MI 49431-9760

Website: www.worldacro.com