

2018 DOWNTOWN HOUSTON PACHYDERM CLUB MEMBERSHIP APPLICATION

PLEASE PRINT BELOW FOR CLARITY

DATE: _____

NAME: _____

ADDRESS: _____

City / STATE / ZIP: _____

CELL PHONE: _____

OFFICE PHONE: _____

HOME PHONE: _____

FAX NUMBER: _____

SPOUSE'S NAME: _____ (optional)

E-MAIL ADDRESS: _____

**** IMPORTANT - PLEASE PRINT CLEARLY

AMOUNT PAID: _____ (membership fee is \$40 per year primary/ \$20 Dual)

HOW PAID: IN CASH OR CHECK? CIRCLE ONE; IF CHECK? CHECK NO. _____

NEW MEMBERSHIP: _____ (check if you were NOT a member last year)

RENEWAL MEMBERSHIP: _____ (check if you were a member last year)

DUAL PACHYDERM CLUB MEMBERSHIP: _____

***** (this should only be checked if you are an active member of another Pachyderm club and your dues are paid for 2018)

NAME HOME PACHYDERM CLUB NAME: _____

FOR DUAL PACHYDERM CLUB MEMBERSHIP ONLY

IF BY MAIL, REMIT TO:

DOWNTOWN HOUSTON PACHYDERM CLUB

C/O TOM ZAKES, PRESIDENT

1217 PRAIRIE, STE. 206

HOUSTON, TX 77002