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**International Windsprite Club 2017 Membership Renewal**

**APPLICANT INFORMATION:**

**Membership Type (Circle or Highlight One): Individual Family Junior (age 10-17)**

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out the following **only** **if any information has changed**:

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

City/State/Zip/Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Names for Family Membership:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Members with an email address will receive club communications via e-mail. Please make sure we have your current email*.*

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If application is emailed, your name entered on the signature line will be considered an acceptable electronic signature.*

**Signature of Parent/Legal Guardian for Jr. member** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINAL DEADLINE FOR MEMBERSHIP RENEWAL IS JANUARY 31, 2017.**

**After that date, membership will lapse and reapplication will be necessary!**

Single Membership Renewal Dues: US $20.00 ($16.00 if received by 31 Dec 2016)

Junior Membership Yearly Dues: US $10.00 ($8.00 if received by 31 Dec 2016)

Family Membership Yearly Dues: US $30.00 ($24.00 if received by 31 Dec 2016)

***Please consider the inclusion of an additional monetary donation to the ILWC Health Fund.***

***The ILWC Health Fund is used for health-related research on LHWs.***

**Payment Method (Circle or Highlight One): CHECK PAYPAL (ilwc.treasurer@gmail.com)**

**Dues: $\_\_\_\_\_\_**

**Health Fund Donation: $\_\_\_\_\_\_\_**

**TOTAL: $\_\_\_\_\_\_**

Mail Renewal Forms with check to:

ILWC c/o Donna DeVoist 6617 State Route 79, Chenango Forks NY 13746 USA

OR

Email completed renewal form to ddevoist@stny.rr.com and mail check to:

IWC c/o Donna DeVoist 6617 State Route 79, Chenango Forks NY 13746 USA

OR

Email completed renewal form to ddevoist@stny.rr.com and Pay by PayPal, by sending the payment to: ilwc.treasurer@gmail.com

**Questions:** [**ddevoist@stny.rr.com**](mailto:ddevoist@stny.rr.com)