

International Windsprite Club 2017 Membership Renewal APPLICANT INFORMATION:

Membership Type (Circle o	r Highlight One): Individ	lual Family Junior (age 1	0-17)
First Name:	Last N	ame:	
Please fill out the following o	<mark>nly if any information ha</mark>	<mark>s changed:</mark>	
Address:			
City/State/Zip/Country:			
Best Phone:	Other Phone:		
E-mail:	<u> </u>		
Additional Names for Family	Membership:		
Name	Age	Email	
Name	Age	Email	
Name	Age	Email	
Note: Members with an email current email.	address will receive club	communications via e-mail. P	lease make sure we have your
Signature		Date	
	LINE FOR MEMBERS	HIP RENEWAL IS JANUA	ARY 31, 2017.
Single Membership Renewal			
Junior Membership Yearly Du	•	•	
Family Membership Yearly D	ues: US \$30.00 (\$24.00 if	received by 31 Dec 2016)	
		l monetary donation to the I or health-related research or	
Payment Method (Circle or Dues: \$ Health Fund Donation			@gmail.com)
TOTAL: \$	л: ֆ		
Mail Renewal Forms with che		Chenango Forks NY 13746 U	JSA
OR	16		
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	·	· ·	
ilwc.treasurer@gmail	.com	y.rr.com and Pay by PayPal, I	by sending the payment to:
Questions: ddevoist@stny.r	<u>com</u>		