Alvin Youth Livestock & Arena Association

Membership Application

Post Office Box 1596 *281-388-1129*
Alvin, Texas 77512 *www.aylaa.org*

PLEASE *PRINT* CLEARLY---MUST HAVE A BIRTHCERTIFICATE FOR EACH CHILD-----

Date: _____

Applicant's Name:_____
(19 yrs or older) ***First*** ***Last*** ***(spouse)***

Address:_____
Street or P.O. Box ***City*** ***State*** ***Zip***

Phone:_____home_____cell

E-Mail Address:_____

Child(s) Names (Last, First)	**Age** (As of Sept. 1, 2015)	**Date of Birth**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Only list children participating in AYLAA Summer series – Must be your dependent/immediate family member

MEMBERSHIP OPTIONS

☐ **Family Active Membership** ……**……$35.00 Annual Fee**
Beginning June 1 of current year to May 31 of the following year.

☐ **Association Membership** (inactive, attends no meetings)**……$35.00 Annual Fee**
Beginning June 1 of current year to May 31 of the following year.

***You must be a dependent of the Applicant to be covered under a family membership**

☐ **Lifetime Member……..…….$200.00 (1) Time Fee**
(Covers the primary member and their immediate family/legal dependents up to age 19)

☐ **Organizational/Corporate……..……..……..$400.00 (1) Time Fee**

☐ **Please check here if you are already a Lifetime, Corporate, Charter and/or Honorary Member.**

Membership Payment:

Check #/Cash:_____ Amount Enclosed:_____ Received By:_____

Raffle Tickets:

Raffle Ticket #:_____ Issued By:_____Date_____

Received By:_____ (signature of member receiving tickets)