

PARROT HEADS OF THE SAVANNAH RIVER 2006 MEMBERSHIP APPLICATION FORM \$20 SINGLE/ \$30 FAMILY

NAME:	*BIRTH	IDAY:	EMAIL:	
NAME:	*BIRTH	IDAY:	EMAIL:	
Year is optional. Please	give month and day, as we	e will be having birthday	y celebrations.	
ADDRESS:	CITY:			
STATE:	ZIP:	HOME PHONE	:	
OTHER PHONE NUMB	BERS WHERE YOU WOU	JLD LIKE TO BE REA	CHED (OPTIONAL)	
CELL PHONE:		WORK PHONE:		_
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I/We agree to abide by the by-laws and guidelines of the Parrot Heads Of The Savannah River, and will remain amember in good standing, respecting all guidelines and by-laws of the PHIP.

Parrot Heads Of The Savannah River are not liable for injuries or accidents incurred by members of the Parrot Heads Of The Savannah River or of the PHIP. This contribution is not tax deductible as a charitable contribution for federal income tax purposes.

Fill out the top portion and mail with dues to:

JANA ANDERSON

2039 SILVER BLUFF RD.

AIKEN, SC 29803

Make checks payable to: PARROT HEADS OF THE SAVANNAH RIVER

www.csraparrotheads.com Club Contacts

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Becky Worthy, Board Member