

# Las Vegas High Rollers and Strollers

## Membership Application

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Birthday (month/day): \_\_\_\_\_

How did you hear about our club? \_\_\_\_\_

Would you be interested in participating in any of the following club activities?

Club meetings

Special events

Club publicity

Route development

Please enclose a check or money order for membership (\$15 per family, \$10 per individual membership; half price after July 1<sup>st</sup>) made out to LVHRS.

Amount enclosed: \_\_\_\_\_

Please mail this application to:

Las Vegas High Rollers and Strollers

P. O. Box 60745

Boulder City, NV 89006

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date