

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 1st) made out to LVHRS.

Amount enclosed: _____

Please mail this application to:

Las Vegas High Rollers and Strollers

P. O. Box 60242

Boulder City, NV 89006

Signature

Date