



Arkansas Valley Flywheelers Membership Form

Name _____

Address _____

City/State/Zip _____

Phone# _____ Email _____

DUES PER YEAR
\$20.00 FOR INDIVIDUAL
JAN 1ST TO DEC 31ST

Please let us know if you would be interested in helping in any way with our club. Also list any specific talents or abilities you would like to share with the members of the Arkansas Valley Flywheelers.
Mail to: P.O. Box 671, Canon City, CO. 81215

Signature _____ Date _____