



2019 Membership Application

Primary member (receive membership packet, mailings and all club emails)

Name _____

Street Address _____

City _____ State _____ Zip _____

Phones (H) _____ (W or cell) _____

Email address _____

Additional applicants at same address: (receive membership packet and all club e-mails only)

Name 2 _____

Name 2 email address _____

Name 3 _____

Name 3 email address _____

Name 4 _____

Name 4 email address _____

\$30 annual membership fee payable in US dollars for primary member

(Add \$15 annual membership fee for each additional member at same address)

Annual membership runs April 1 through March 31 *regardless* of month you join.

Card Type: Mastercard ___ Visa ___ Discover ___ AmEx ___

Card Number: _____

Expiration Date: _____ CVV Code: _____

For questions, call 770-416-4539 and leave a message; or go to
<http://www.atl400.org/contact-us/> to send us your message

Mail your check and this form to:

**Atlanta 400 Baseball Fan Club
P.O. Box 7689
Atlanta, GA 30357-0689**



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