

AMERGAEL

MEMBERSHIP APPLICATION

Membership Year 20_____ Date _____

Membership Dues (\$10.00) per person _____

Name: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____ Cell: _____

Email: _____

Print and send your application along with your check made payable to AMERGAEL to:

**Amergael
P.O. Box 228
Manahawkin, NJ 08050**

Amergael meets the 3rd Tuesday of each month, except July and August, at 6:30 PM at the Stafford Community Center, 775 East Bay Avenue, Manahawkin, NJ

If you have any questions send an email to Amergael@gmail.com