

Please fill out
completely and legibly.
Thank you for your
membership.



P.O. Box 8126
Ocean Isle Beach, NC 28469
(910) 579-5163

Office Use Only

Code: _____
Check #: _____
Amount: _____
Date Received: _____
Cards: Mailed or Picked Up

2016 Dues: \$40.00

Renewal _____ New Member _____

Name: _____

Mailing Address: **MUST GIVE CURRENT MAILING ADDRESS TO
RECEIVE MEMBERSHIP CARD**

Street: _____

City, State & Zip: _____

Ocean Isle Beach Address: _____

Ocean Isle Beach Phone Number: 910-_____-_____

Email address: (Please Print Clearly) _____

Full name is required for each membership card requested below

Names for Membership Cards: 1. _____
(You are entitled to two cards.)

2. _____

Names for additional cards:*
(\$5.00 per card)

1. _____

2. _____

3. _____

4. _____

2016 Membership	\$ 40.00
Additional Cards	\$ __.00
Total	\$ __.00

There will a \$35 fee for all returned checks