



SugaSheaux 2014

Membership Application

SINGLE MEMBERSHIP: \$25.00 _____

FAMILY MEMBERSHIP: \$50.00 _____

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: () _____

FAMILY MEMBERSHIP

For Family Memberships, please list other riders

Names	BirthDate
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MEMBERSHIP DUES ARE TO BE PAID TO SHOW SECRETARY OR MAILED TO SUGARENA, ATTN: SUGASHEAUX, 713 NORTHWEST BYPASS, NEW IBERIA, LA 70560.

MEMBERSHIP DUES MAY BE PAID BY CASH, CHECK OR MONEY ORDER AND SHOULD BE MADE PAYABLE TO SUGARENA.

OFFICE USE: ACCEPTED BY: _____

DATE RECEIVED: _____

CASH: _____ AMOUNT _____

CHECK: _____ AMOUNT _____



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MONEY ORDER: _____ AMOUNT _____