

BTA MEMBERSHIP APPLICATION/RENEWAL

Family ..... \$20

Single ..... \$15

Junior (under 18)

How did you hear about the BTA? \_\_\_\_\_

List names of all members joining:

\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Email:

Total enclosed \$ \_\_\_\_\_ Date \_\_\_\_\_

Print this form, enclose check (payable to BTA) and mail to:

BTA

Box 69

Bartlesville OK 74005