## ARIZONA SHUFFLEBOARD ASSOCIATION DISTRICT 3

MEMBERSHIP DUES FOR(YR)

PARK NAME: PARK REP:

PARK REP EMAIL: PARK REP PHONE #:

MEMBER'S NAME	Date Paid	Amount Paid	Park Rep INI.	Treasurer INI.	#
					1
					2
					3
					4
					5
					6

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MEMBERSHIP DUES FOR(YR)

PARK NAME: PARK REP:

PARK REP EMAIL: PARK REP PHONE #:

MENADEDIC NAME	Date	Amount	Park Rep	Treasurer	<u>.</u>
MEMBER'S NAME	Paid	Paid	INI.	INI.	#
					1
					2
					3
					4
					5
					6

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					2
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