

**TJHRA**  
**2024/2025 Adult Membership Form**  
**\$15.00 per adult**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Name of Contestant \_\_\_\_\_

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