

Please Print Clearly!

MEMBER NAME:	CLASS YEAR:
E-MAIL:	CELL PHONE:
\$20.00 per Individual Membership\$	Important Reminders!
\$30.00 per Family Membership\$	If you have an <u>Aggie Owned Business</u> or if you are an Aggie Service Provider (Doctor, Vet etc)
For a Family Membership:	- please provide your information below and it
ADDITIONAL NAME (Required):	off our website. If you are currently listed please
ADDITIONAL E-MAIL (Optional):	renew your membership by March 1 st to remain in the Directory! A great way to advertise your business!
CLASS YEAR:	Want to reach over 1,500 local Aggies -
Extra contribution to support scholarships & club activities (Optional)\$	website www.WashCoAgs.org.
Total contribution\$	
Aggie Owned Busin	ess or Service Provider
Business Name:	Phone Number:
Business Description:	Website:

Return completed form and dues to:

Washington County A&M Club P.O. Box 635 Brenham, TX 77834