## **SELECT MEMBERSHIP**

30
\$75
& up to four children) \$125
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orocal membership Iliance members, \$275
e categories
\$25
\$25 per child
NAME(S):
ON
es, please fill out below.
MR.   MRS.   MS.   DR.
MR.   MRS.   MS.   DR.
ZIP:

## **PURCHASER'S INFORMATION**

PRIMARY MEMBER NAME:		MR.	1	MRS.	I	MS.	I	DR
SECONDARY MEMBER NAME:		MR.	1	MRS.	1	MS.	l	DR
ADDRESS:								
CITY	STATE:			ZIP	:			
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BILLING ADDRESS:								
CITY	STATE:			ZIP:				
SIGNATURE:								

**Thank you for your support!** Please allow 3-4 weeks for delivery of membership materials. For additional information, please contact the Membership Office at: 443-627-2391, membership@borail.org, or visit www.borail.org/membership.