CASRA Membership Enrollment

Name _____
First Middle Initial Last

Address _____

City _____ State _____ Zip _____

Home telephone _____ Work telephone_____

Cell telephone_____

Email _____

USSF Grade _____

Membership Fees: $20.00 Cash or Check (Make Check Payable to "CASRA")

For CASRA Use Only

Effective Date of membership _____

Dues Collected _____

Entered into membership roster _____

Please mail completed form to:

John Kenney
5012 Ballantine Dr
Summerville, SC 29485