The Quad City Parrot Head Club

Annual Membership Form

Please Print Clearly

Date:_____

Name of Member #1: _____

Name for Badge (if different from your first name)_____

Email Address (required):_____

Phone (with area code):_____

Mailing Address:_____

City, State, ZIP:_____

Name of Member #2: _____

Name for Badge (if different from your first name)_____

Email Address (required):_____

Phone (with area code):_____

Mailing Address:_____

City, State, ZIP:_____

Membership Dues

(QCPH membership runs from April 1 – March 31)

Renew Membership $20 each_____ Due by March 31 each year

New Member $20 each _____

Each new member receives a club T-shirt, please print the **size** & **first color choice** desired

Member #1 (size/color)_____ Member #2 (size/color)_____

Size: S M L XL 2XL 3XL

Color: Blue Green Purple Pink Red

T-shirts may not be available in all size/color combinations

Please make checks payable to QCPH

Mail this form with payment to: QCPH, PO Box 23, Coal Valley, IL 61240