

THE ROMAN WAY

Membership Form

Please Circle One: **New** **Renewing** **Address Change Only**

Member Information

Name:	
Roman Name:	Phone:
Current Address:	
City, State:	ZIP:
Email Address(es)	

Partner Information, if family membership

Name:	
Roman Name:	Phone:
Current Address:	
City, State:	ZIP:
Email Address(es)	

Minor Children, if membership desired

Name:	Name:
Age:	Age:
Name:	Name:
Age:	Age:

Payment Information

Check enclosed in the amount of (circle one):

\$25.00 - Individual membership

\$40.00 - Family membership

Please make checks out to: *The Roman Way*

Signature of Applicant:

Date:

Signature of Partner, if family membership:

Date: