

APPLICATION FOR CLUB MEMBERS AND VOLUNTEER ACCIDENT INSURANCE

April 1, 2024 - March 31, 2025

This form may be filled out by hand or computer and mailed to us. Please do not use email.

Date:		
Title	::	
Email:		
State:	Zip Code:	
State:	Zip Code:	
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s or fewer, and \$3.00 pe \$216 [\$3.00 x 72]).	member for clubs with greater that	n fifty
P.O. Box 340694, Sac	amento, CA 95834	
questions at gsbonsaif	ed@gmail.com.	
	State: State:	Title: