

Alfa Lonestars Membership Application
Please print this form, fill in all of the blanks,
and mail to Allen Thomas, Treasurer, with
your \$10 dues to:

Allen Thomas

**129 Ski Plex Dr.
Seguin, TX 78155**

Last Name: _____

First Name (Mr.) _____

First Name (Mrs.) _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell (Mr.): _____

Cell (Mrs.): _____

E-mail (Mr): _____

E-Mail (Mrs): _____

Type of Rig: _____

Year: _____