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Last Name:	First Name:	
RGV Residence City:	Zip Code	::
If Winter Texan, home state Typical months spent in the RGV (mm-mm):		
Email:	Cellphone:	
Birthday (MM/DD)://	_ Consent for events group pho	tos? Y N Initials:
Spouse/Partner Name:	Anni	versary (MM/DD):/
My signature below indicates that:		
 I assume liability for any injuries or activity. I am over 21 years of age. I support: The Mission, Vision, and Voision A culture of mutual respective 	and renew the anniversary mont PRIVATE and CONFIDENTIAL and Ind on the Members Only tab on t	will not share with non- the chapter's website. during a STXPT event or (<u>theprimetimersww.com)</u> cretion, and privacy.
Signature:	Date	e (MM/DD/YY)

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