



APPALACHIAN HIGHLANDS CELTS

P.O. Box 825
Johnson City, TN 37605

<http://ahcelts.com>
ahcelts@gmail.com

MEMBERSHIP APPLICATION

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: (____) _____ Email: _____

Membership Type	Cost	Selection
Individual-Annual	\$10	
Family-Annual	\$15	

Please return Membership Application with check made out to:
Appalachian Highland Celts to the following address:

Appalachian Highland Celts
P.O. Box 825
Johnson City, TN 37605

Signature: _____ Date: _____