

# CFQG MEMBERSHIP FORM

TODAY'S DATE \_\_\_\_\_

CK ONE - NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_ YEAR DUES ARE FOR \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING INFORMATION TO BE PUBLISHED IN THE MEMBERSHIP ROSTER.

**PLEASE PRINT**

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

BIRTHDAY MONTH \_\_\_\_\_ DAY \_\_\_\_\_

ANNUAL MEMBERSHIP DUES: \$ 10.00 (e-mail newsletter) PAID \$ \_\_\_\_\_ Check---Cash

\$ 15.00 (MAIL newsletter) PAID \$ \_\_\_\_\_ Check---Cash

IF YOUR PREFERENCE IS REGULAR MAIL, THE ADDITIONAL \$5.00 COST PER YEAR IS TO  
HELP OFF-SET THE PRICE OF POSTAGE.

PLEASE RETURN THIS FORM WITH YOUR MEMBERSHIP DUES TO JIMMY BOLIN, TREASURER.

**WELCOME !!!**

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FOR OFFICE USE ONLY

ROSTER \_\_\_\_\_ E-MAIL \_\_\_\_\_ BD \_\_\_\_\_ MAIL \_\_\_\_\_