

# CBQ Membership Renewal Form

Name: \_\_\_\_\_

Any Changes To Your Information? (please circle)    **Yes**    **No**

**Membership Category:**

( ) Regular                      \$25

( ) Senior (age 65 & older)    \$20

( ) Family                      \$30 (All family members must live in the same household.)

**If you answered No above - Stop Here**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Birthday Month/Day \_\_\_\_\_

For family memberships, please provide the following:

Name	Email Address	Birth Month/Day
1. _____		
2. _____		
3. _____		

Your membership card will be available at the membership table during the monthly meeting.