



CMNC MEMBERSHIP

**Please make your \$30 check (\$45 with mailed newsletter) payable to CMNC and mail with this form to:
Membership, P.O. Box 60001, Colorado Springs, CO 80960 (yes, 80960)**

Today's Date:	Please circle:	Please circle:
Name:	<input type="checkbox"/> New <input type="checkbox"/> Renewing	<input type="checkbox"/> Changes for Directory <input type="checkbox"/> No Changes for Directory
First:	Last:	Spouse:

It is important that you review the ENTIRE form. This information will be included in the next Membership Directory.

Street:	Phone:
City:	Cell Phone:
Zip Code:	Hometown:
Email Address:	Moved From:
Birth Month:	Day: