



Today's Date _____

Status (*please check one*)

<input type="checkbox"/>	New Member
<input type="checkbox"/>	Renewing – NO directory changes
<input type="checkbox"/>	Renewing – directory changes

First Name	
Last Name	
Birth Month and Day	
Address	
Home Phone	
Cell Phone	
email	
Spouse's Name	
Hometown	
Moved From	

How did you find out about CMNC? (*please check one*)

<input type="checkbox"/>	Existing Member	<input type="checkbox"/>	Publication	<input type="checkbox"/>	Other:
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What activities are you interested in? (New members, add any new activities)

1.	
2.	
3.	

Membership Dues

<input type="checkbox"/>	Membership only: \$40	<input type="checkbox"/>	Membership with newsletter mailed to you each month: \$60
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Method of Payment (*please check one*)

<input type="checkbox"/>	Cash	<input type="checkbox"/>	Check #:	<input type="checkbox"/>	Credit Card:
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If sending dues via US Post Office, mail checks to:

CMNC Membership
PO Box 60001
Colorado Springs, CO 80960 (note the zip code!)