

Date: _____



MEMBERSHIP APPLICATION

Full Name: **First** **M.I. (Optional)** **Last**

New: **Renewal:** **Youth ONLY:**

Email: _____

Mailing Address: _____

City **State** **ZIP Code**

Home Phone: () **Cell Phone:** _____

Open **Non Pro** **Amateur** **Youth**

Annual Membership \$50 is due upon participating in any CCCC event. A family member may be added to each membership for an additional \$5 per person. A YOUTH ONLY membership may be purchased for \$25.

Name and Email: _____

Open	Non Pro	Amateur	Youth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name and Email: _____

Open	Non Pro	Amateur	Youth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name and Email: _____

Open	Non Pro	Amateur	Youth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office Use Only	Cash	Check Number
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