



Central California Bead Society

Membership Application - 2016

Yes, I would like to join the CCBS and receive full membership benefits
(Renewals: please enter date, name, type of membership and fill in only changes to your information)

Date: _____

Name: _____

Address: _____

City, State, Zip _____

Phone: (____ __ __) ____ ____ - ____ ____ ____ (include area code)

Email: _____

(this is our primary way of communicating with members so please be sure it is correct and **easy to read**. Thank you!)

Birthday (month and day): _____

Check one below:

Individual: \$25.00 per year, \$12.50 after 08-31.

Business: \$35.00 per year, \$17.50 after 08-31.

Send this application with a check (made out to CCBS) to:

Central California Bead Society

PO Box 895

Clovis, CA 93613

Your information will be used only by CCBS for CCBS business.

And, If you want to be included in a Member Directory given to members circle YES.

YES NO