



MEMBERSHIP APPLICATION

Name(s): _____ Age (if youth): _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ Email: _____

Additional Member Name	Age if Youth

Adult: Youth: New Membership: Renewal Membership:

I agree to abide by all CSR&CBA constitution and by-laws. *All members to sign.*

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Membership Dues:		
Single Adult	\$10 per year/\$25 for 3 years	\$ _____
Single Youth	\$8 per year/\$20 for 3 years	\$ _____
Two (2) at same address	\$15 per year/\$40 for 3 years	\$ _____
Three (3) or more at same address	\$20 per year/\$50 for 3 years	\$ _____

Mail to: Kelly Hinde, CSR&CBA Secretary, 11 Boxelder Ct, Napa, CA 94951
 Inquiries to: hindekelly@gmail.com or (707) 291-2050 (evenings & weekends please)

Make Checks Payable to CSR&CBA