



# Central California Bead Society

## Membership Application

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 1703**

**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