

National Cookie Cutter Collectors Club

MEMBERSHIP FORM



Year _____ RENEWAL NEW MEMBER

Name _____

Address _____

City/State/Zip _____

Phone(s) _____

Email _____

I would prefer to receive my newsletter: Printed copy in the mail
 Downloaded from online file

Membership is Jan. 1 through Dec. 31 each year. Membership dues are due January 1 of each year.

_____ **1 year single - \$25 per person**

_____ **I would like to donate to the National
Cookie Cutter Historical Museum**

*Make checks payable to CCCC and
send to:*

*Cookie Cutter Collectors Club
1187 South Bluff Drive
Roseville, CA 95678*

Do you own a cookie-related business? If so, please give us the website address and tell us a little about it. _____
