

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: DOWNLOAD FROM ONLINE FILE PRINTED COPY IN THE MAIL

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 CCC at:
Cookie Cutter Collectors Club
PO Box 22518
Lexington, KY 40522

We'd like to know how you found out about our club (*friend, website, regional club, etc.*) _____

Please share with us anything else you'd like to regarding your interest in cookie cutters. _____

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