

NATIONAL COOKIE COLLECTORS CLUB

MEMBERSHIP FORM



YEAR _____

RENEWAL

NEW MEMBER

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE(S): _____ CELL: _____

EMAIL: _____

I PREFER TO RECEIVE MY NEWSLETTER: _____ EMAIL , _____ PRINTED COPY IN MAIL

MEMBERSHIP IS JANUARY 1 THROUGH DECEMBER 31 EACH YEAR. DUES ARE DUE JAN 1.

_____ 1 YEAR MEMBERSHIP \$25 PER MEMBER MAKE CHECKS PAYABLE TO CCCC

AND SEND TO: SHIRLEY MARIE COUGHLIN, 10 SARAH WAY, CASCADE, ID 83611.

ZELLE PAYMENTS ALSO ACCEPTED.