



Membership Application (Revised August 2015)

Name: _____

Second Name: _____ (Spouse or 2nd Member)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Single Membership (\$25/yr) ____ # of years Family Membership (\$30/yr) ____ # of years

Life-Long Membership Single (\$750) _____ Life-Long Membership Couple (\$1000) _____

Birthdate (if senior citizen) _____

Credit Card info (if paying by check, attach to form) Visa M/C Discover

_____-_____-_____-_____- Security Code _____ Expiration Date _____

Additional Donations (Tax Deductible)

\$_____ Youth Program

\$_____ Youth Academy Scholarship

\$_____ CBA Music Camp Scholarship

Total \$ _____

Mail payment and form to: CBA Membership, Larry Phegley, P.O. Box 1143, Seaside, CA 93955