



MEMBERSHIP APPLICATION

1. NAME:

2. ADDRESS:

3. PREFERRED TEL#:

4. PREFERRED EMAIL:

5. TOBACCIANA INTERESTS

A. PIPE COLLECTOR B. TOBACCO COLLECTOR

C. SMOKER D. CASUAL INTEREST:

6. CLUB SUGGESTIONS:

MEMBERSHIP: A. LOCAL MEMBERS – ATTEND AT LEAST TWO MEETINGS PER CALENDAR YEAR

B. ASSOCIATE MEMBERS-OUT OF STATE/COUNTRY, WHO DO NOT ATTEND MEETINGS, PAY \$20.00 PER CALENDAR YEAR.

MEMBERS ARE GIVEN A CLUB PIN, CLUB DIRECTORY, AND CLUB BY-LAWS NEWSLETTERS ARE MAILED AFTER REGULAR MEETINGS TO EVERY CPCC MEMBER NOT IN ATTENDANCE.

SIGNATURE: _____

DATE: _____

Your Birthday _____ **Month** _____ **Day**