

MEMBERSHIP APPLICATION/ADDRESS CHANGE

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____

E-mail: _____

Telephone: _____ **Fax:** _____

Make checks payable to Laura Cribbins. Send your check for **\$20/ individual \$25/household** membership.

Mail to: Laura Cribbins, 2937 El Sobrante Street Santa Clara, CA 95051