CBA MOTHERS' ASSOCIATION
MEMBERSHIP FORM 2010-2011

Parents' Name: _____Check here if alumni Mom ____
Address: _____
(street) (city) (zip)
Phone number: _____ e-mail _____

Sons(s) Name and Grade:
_____
_____
_____

_____ Yes, I would like to be a member of the CBA Mothers' Association and be included in the Membership Address Directory. I authorize the CBA Mothers' Association to print the above information in the CBA Mother's Association Membership Address Directory: _____ (Signature)

_____ Yes, I would like to be a member of the CBA Mothers' Association but would ***not*** like to be included in the Membership Address Directory.

Annual Dues:
General membership $25.00
Business Card Membership $50.00
(We will include your card in our membership directory)
Thank you for your support!
Please return to:
Mary Prattico
2 Stony Brook Drive
Saratoga Springs, NY 12866
All checks should be made out to the CBA Mothers' Association

DUE NO LATER THAN SEPTEMBER 15, 2010