

**CBA MOTHERS' ASSOCIATION  
MEMBERSHIP FORM**

PARENTS' NAME: \_\_\_\_\_ CHECK HERE IF ALUMNI MOM \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(STREET)                      (CITY)                      (ZIP)

PHONE NUMBER: \_\_\_\_\_ E-MAIL \_\_\_\_\_

SONS(S) NAME AND GRADE: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_ 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 \$20.00**

**Business Card Membership \$50.00**

(We will include your card in our membership directory)

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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