CBA MOTHERS' ASSOCIATION
MEMBERSHIP FORM

_____ Yes, I would like to be a member of the CBA Mothers' Association and be included in the Membership Address Directory.

_____ 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.

If you would like to be in the directory the deadline is 10/25/07.

Annual Dues: **General membership $20.00**

Sponsorship level membership $40.00
(Posting of name at events on our Sponsorship Board)

Business Card Membership $50.00
(We will include your card in our membership directory)

PLEASE PRINT

Parents' Name: _____Check here if alumni Mom ____

Address: _____
(street) (city) (zip)

Phone number: _____ e-mail _____

Sons(s) Name and Grade: _____

(Kindly include an email address so we may communicate with you about upcoming events and opportunities!)

Thank you for your support! Please return to:

Mary Prattico
2 Stony Brook Drive
Saratoga Springs, NY 12866
Any questions please call (518)306-4127 or email: **{** HYPERLINK "fmprattico@aol.com" **}**