

CBA MOTHERS' ASSOCIATION
MEMBERSHIP FORM 2011-2012

Parents' Name: _____ 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

*If you have any questions please call Mary Prattico @ 306-4127 or
email – vprattico@aol.com*

checks should be made out to: CBA Mothers' Association

**TO BE INCLUDED IN THE MEMBERSHIP DIRECTORY
MEMBERSHIP FORMS ARE DUE BY: October 21, 2011**