

MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Email: _____

____ Check or Money Order Enclosed, **OR** ____ Please charge my
MC, VISA or Discover Card – Number listed here:

Card Number

Expiration Date: _____

x _____

Signature Required for Credit Card Charge

____ \$36 (one year)

We currently have the following special rates:

____ \$100 (5 years)

____ \$500 (life membership)

Print and mail this application to:

CofCC
PO Box 221683
St. Louis, MO 63122