



Membership Form

Name 1 _____ Month and Date of Birth _____

Name 2 _____ Month and Date of Birth _____

For the Directory:

Street Address _____

City _____ State _____ ZIP _____

Telephone (Home) _____

Telephone (cell) _____

Best Email _____

Marriage Anniversary Month and Day _____ (if applicable)

Non-adult children's names and birth dates:

Annual dues:

Two adult household membership \$400.

Individual adult household membership \$250

Checks should be made payable to **Beth Ami-CCHJ**

Please return this form with your payment to:

Ron Kingston, Treasurer

1395 James Way

Erie, CO 80516