

# National Cookie Cutter Collectors Club

## MEMBERSHIP FORM



Year \_\_\_\_\_  RENEWAL  NEW MEMBER

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

Email \_\_\_\_\_

I would prefer to receive my newsletter:  Printed copy in the mail  
 Downloaded from online file

*Membership is Jan. 1 through Dec. 31 each year. Membership dues are due January 1 of each year.*

\_\_\_\_\_ **1 year single - \$25 per person**

\_\_\_\_\_ **I would like to donate to the National  
Cookie Cutter Historical Museum**

*Make checks payable to CCCC and  
send to:  
Cookie Cutter Collectors Club  
PO Box 22518  
Lexington, KY 40522*

Do you own a cookie-related business? If so, please give us the website address and tell us a little about it. \_\_\_\_\_

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