

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: DOWNLOAD FROM ONLINE FILE PRINTED COPY IN THE MAIL

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 CCC at:
Cookie Cutter Collectors Club
PMB 126, 4010 Foothills Blvd, Suite 103
Roseville, CA 95747
or you can go to our website and pay by Paypal.

We'd like to know how you found out about our club (*friend, website, regional club, etc.*) _____

Please share with us anything else you'd like to regarding your interest in cookie cutters. _____

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