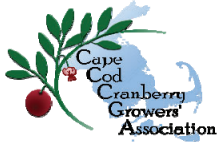


2024 CCCGA Associate Membership Form



Please provide all requested information below.
This will ensure your account information is setup properly in
our membership database. Thank you!

If you have questions, please call the office at (508) 866-7878.

General info:

Full Name/Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone #: _____

Email: _____

All newsletters and updates are provided to the membership via email.

Please indicate if you do NOT have email and require US Mail for all communications

*Please list any additional people (including family members, etc)
who should also receive CCCGA communications.*

Name & Email	Newsletter	Event Invitations	General Mailings & Announcements
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payment Information

2024 Associate Membership \$60

- Check Enclosed
- Please invoice (the invoice will include a link for the option of paying via credit card)

Please return this form with payment to:
CCCGA - 265D South Meadow Road - Plymouth, MA 02360