

2022

ASSOCIATE MEMBERSHIP FORM

Membership Code: _____

"To work to enhance the sustainability and profitability of CCCGA members"

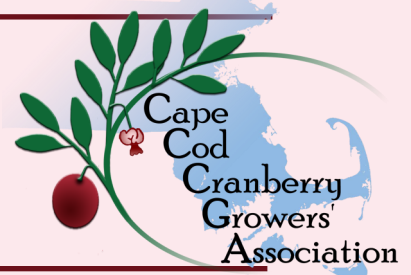
\$50.00

Please verify the information below.

Make any changes in this column

Company Name		
Contact Name		
Street		
P.O. Box		
City, State & Zip		
Telephone		
E-mail		
Website		

The *Bogside* Newsletter is mailed electronically at the email address provided above or please send the newsletter to this alternative email address:



PLEASE RETURN \$50.00 PAYMENT AND FORM TO:

CCCGA

265 D South Meadow Road Plymouth, MA 02360

For Canadian Checks: Please add an additional \$15.00
for Foreign Collection Bank Processing Fee.

TO PAY BY CREDIT CARD, please fill in the following:

Circle one:



Credit Card #: _____

Name on Credit Card: _____

Expiration Date: _____ CVC: _____

The CVC is the last 3 digit number located on the back of your card on or above your signature line.

FOR OFFICE USE ONLY:

MEMBERSHIP CODE _____ CHECK# _____ AMOUNT _____ DATE _____

DGA

PHS

BJS