



Membership Application Form

Today's Date

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

\$30.00 ~ Individual

\$50.00 ~ Family (please list names): _____

Make checks payable to: **Gold Country Community Services, PO Box 968, Grass Valley, CA 95945**

Do you want your Newsletter sent via: US Mail or Email?

For Office Use Only

Received by: _____ **Date:** _____

Check #: _____ **Amount:** \$ _____ **Receipt #:** _____

Start Month/Year: _____ **End Month/Year:** _____



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