

CSSSJ Membership

Please send this New Member/Renewal form and check, payable to CSSSJ, to:

Membership Chair
P.O. Box 6391
San Jose, CA 95150-6391

() \$15 Single () \$20 Couple

Name _____

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Home Phone (____) _____ Work Phone (____) _____

Fax (____) _____ E-Mail _____

Amount Paid: _____ by Cash _____ Check # _____ VISA _____ MC _____

Received by CSSSJ Member: _____

Date: _____

Receipt of Payment

From: _____

Amount Paid: _____ by Cash _____ Check # _____ VISA _____ MC _____

Received by CSSSJ Member: _____

Date: _____

Note: If you do not receive the *Cactus Courier* within two months, contact editor@csssj.org