

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 Household

Name _____

Name* _____

Address _____

City _____ State _____ Zip _____

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

Cell (____) _____ E-Mail _____

*If you're signing up for a household membership and the other member has differing information,
please provide that here:

Is there any information that you would not want listed in a CSSSJ club roster?

Would you like to be notified of any short notice sales or salvage events? _____

Amount Paid: _____ Check # _____ Date: _____

Keep this portion for your records

Amount Paid: _____ Check # _____ Date: _____

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