

NATIONAL COOKIE CUTTER COLLECTOR'S CLUB
(Membership Form)



NAME: _____

ADDRESS: _____

CITY / STATE: _____

PHONE: _____ E-MAIL: _____

(circle one) **RENEWAL** **NEW MEMBER**

Membership is Jan. 1 through Dec. 31st each year. Membership dues are due January 1st of each year.

_____ 1-year single... \$25.00 per person

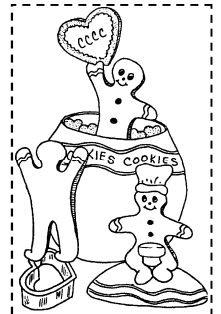
Send payment to: Cookie Cutter Collector's Club, P.O. Box417, Cascade ID 83611-0417 (checks payable to CCCC)

_____ I would like to make a Donation to the National Cookie Cutter Historical Museum. **Amount:** _____

_____ I prefer my newsletter in color on a CD "OR ...

_____ I prefer my newsletter as the B/W paper copy

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