

**C.A.F.E. Membership Application**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Family Membership (\$15/yr):** \_\_\_\_\_ **Single Membership: (\$10/yr):** \_\_\_\_\_

**Please list family members:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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**Areas of Interest:**

**What types of fish do you keep?** \_\_\_\_\_

**What are you looking for in an aquarium society?** \_\_\_\_\_

**What type of program would you be interested in seeing?** \_\_\_\_\_

**What talents and/or skills would you be willing to share with the club?** \_\_\_\_\_

**Other club affiliations?** \_\_\_\_\_

**May we publish this information in the member handbook?** \_\_\_\_\_

**Family membership \$15.00/yr**

**Single Membership \$10.00/yr**

**Make checks payable to CAFE**

**Return this form to: Pat Sabourin  
144 Chaucer Ct.  
Worthington, OH 43085**