

C.A.F.E. Membership Application

Name: _____ Date: _____

Address: _____

City/State: _____ Zip Code: _____

Phone: _____ Birth date: _____

Family Membership (\$20/yr): _____ Single Membership: (\$15/yr): _____

Please list family members: _____

Email Address: _____

CAFÉ Forum User Name: _____ May we Publish UN (Y/N): _____

If you haven't already, go to the forum columbusfishclub.org and register for an account.

May we publish personal information in a member handbook? (Y/N) _____

Areas of Interest (Optional)

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? _____

Make checks payable to "CAFE"

Return this form and Gary Stickel
check to: 3750 Old Springfield Rd
London, OH 43140

or Pay on-line at columbusfishclub.org via PayPal (credit cards accepted)