



# Become a Member Today!

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ TEXT TO YES NO  
THIS # OK?

E-MAIL \_\_\_\_\_

BIRTHDAY: MONTH \_\_\_\_\_ DATE \_\_\_\_\_

Dues for new members will be prorated as follows:

January – March ..... \$35.00

April – June.....\$30.00

July – September .....\$25.00

October – December.....\$20.00

You may request a PayPal invoice by e-mailing this form to:

[frostingcreatorssa@gmail.com](mailto:frostingcreatorssa@gmail.com)

OR

Bring this form and a check made out to:

Frosting Creators of San Antonio to our next meeting ☺

Amount Paid _____	Cash _____	PayPal/Square _____
Check # _____	Receipt # _____	
Date _____	By _____	