

**Cambria Neighbors Club
Membership Application**



Name(s): _____

Please list all adults in household who wish to be members.

Address for Directory: _____

Preferred Phone: _____

E-Mail Address (required): _____

Birthday of each member: _____

Renewal: or New Membership:

Cash: or Check: # _____

Dues: \$25.00 per calendar year includes entire household.

Make checks payable to: Cambria Neighbors Club or CNC

Please mail to:

CNC-Membership
PO Box 1177, Cambria, CA 93428-1177

Inquiries to: marymurphycalifornia@gmail.com