

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: _____

Photo Disclaimer:

Photos are often taken during our events, and these photos may be posted on our website at cambrianeighbors.org or on our Facebook page. Please check one of the following as it relates to use of a photo that you may be captured in.

OK to use my photo: or Do not use my photo:

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

Renewal: or New Membership:

Cash: or Check: Check # _____

Make checks payable to: Cambria Neighbors Club

Please mail to:

CNC-Membership

PO Box 1177, Cambria, CA 93428-1177

Inquiries to: marymurphycalifornia@gmail.com

