



CAFCC Membership Form 2018-2019

12 MONTH MEMBERSHIP FEE \$30.00 (\$70.00 if including \$40.00 for NAFCC membership dues)

Name _____

Address _____ City _____ Zip _____

Phone _____ E-Mail _____

License Number _____ Local Affiliate _____

Return Dues To:

Charlotte Duerr
CAFCC Treasurer
1004 Juliana Drive
Loveland, CO 80537

Date Entered _____

Membership Expires _____

To be filled out by CAFCC Treasurer



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