

**C.A.R.E. DUES 2017**

(\$10.00 per year or \$100 Lifetime Membership)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_

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

(please print clearly)

→  Yes, please add me to the **CARE Member Directory**  
(E-mail address required)



AMOUNT ENCLOSED: \_\_\_\_\_ (Thank you!)

Please mail this form and your check payable to CARE to:

**CARE c/o Sharon Trethan  
5122 Blackhawk Dr.  
Danville, CA 94506**

Date \_\_\_\_\_