

C.A.R.E. DUES 2012

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

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

E-MAIL _____

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



→ Yes, I want to **"Go Green"** and receive the CARE newsletter via E-mail.
(E-mail address required)

AMOUNT ENCLOSED: _____

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

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

Date _____