COLLECTORS CLUB INTERNATIONAL, LTD.
First Time Ever New Membership Enrollment Form

Effective January 1, 2009 membership year, initial dues for **a first-time ever** new full or an associate member in the same household (also known as household member) will be as follows: If a first-time ever new full member or an associate member joins in:

January, February or March, -- Full $30 Associate $15
April, May or June -- Full $22.50 Associate $11.25
July, August or September, – Full $15 Associate $7.50
October, November or December -- Full $7.50 Associate $3.75

- A Full Member receives a numbered membership card, four (4) issues of the club's newsletter, a commemorative memento , and access to "member only" entrance on the club's website.
- An Associate Member must be from the same household as the full member. The associate member pays dues at one half the full membership rate and receives a membership card, a commemorative memento and access to "member only" entrance on the website.
- Each member is entitled to one vote, is eligible for election to the Executive Board and appointment to a committee. Only one member in a household can hold an elected office at any given time.
- Re-joining in future years, the full or associate member pays the full current annual membership dues.

Any questions, please phone Glenn Fahey, Treasurer (937) 836-6788 (anytime)
Penny Weaver, Secretary (937) 833-5006 email: Wbrkv@aol.com

"CCI, Ltd. Is not affiliated with or sponsored by Campbell Soup Company. Trademarks used with permission from Campbell Soup Co"

---------- *cut here* ----------

First-Time Ever New Membership Enrollment Form

PLEASE PRINT CLEARLY OR AFFIX YOUR PERSONAL ADDRESS LABEL **Membership Year 2009**

Full Member's Name _____ **Date** _____

Associate Member's Name _____

Street _____ **City** _____ **State**_____ **Zip** _____

Phone _____ **E-mail Address** _____

By my signature, I give permission to use the following information on the club's website in the "Members Only" Calendar page Signature: _____

Birth Date: Full Member_____ **Associate Member** _____ **Anniversary** _____
Month/Day **Month/Day** **Month/Day**

If under the age of 18 - Signature of Parent or Guardian _____

Please fill in amount: Full Membership $ _____ **OR**
Full Membership & Associate Membership $_____

Check_____ **Money Order** ____

MAKE CHECK OR MONEY ORDER PAYABLE TO "CCI, Ltd."
and mail to:
Glenn Fahey, Treasurer
806 Hile Lane, Englewood, Ohio 45322