

COLORADO POA CLUB

Membership Form for 2008

Please Print:

Family Name _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Email address: _____

In an effort to save the club money, we would like to send the newsletter by email please indicate if this OK ____ yes ____ no

| Family Members | Birth Date: | M/D/Y |
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Make checks payable to: CPOAC and mail this membership form with your dues of \$35.00 to:

Debbie Lange
1431 S. Haymaker Dr.
Milliken, CO 80543

Questions? Call Debbie at 970-587-8805
Cell 303-709-1107