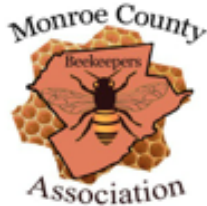


# Membership Application



**Name**.....

**Address**.....

**City**..... **State**..... **Zip**.....

**Phone Number**.....

**Email**.....

Membership dues \$15/year

Please make checks payable to:

MCBA

Ingrid Silvernale

333 Bella Luna Terrace

Stroudsburg, PA 18360