



2016 MEMBERSHIP APPLICATION

Name: _____

Address: _____

Phone (Day): _____ Phone (Other): _____

Email: _____ Sex: _____ Age: _____ Race: _____

Education: _____

Occupation: _____

Professional Skills: _____

Background: _____

Interests: _____

Membership Dues: Before

Method of Payment: Check/Money Order (enclosed) _____ Credit/Debit Card _____

Credit Card#: _____ Expiration Date: _____

Signature: _____ Date: _____

Return to MARIN BABE at:

marinbabe@aol.com or P.O. Box 315 Mill Valley, Ca. 94942

Office Use Only

Additional Info/Comments: _____