

# WE INVITE YOU TO JOIN THE GCCA

Date: \_\_\_\_\_



Type of Membership: Family  Single  Corresponding

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Do you want your phone number published? Yes  No

If Family Membership, please list Spouse/Children

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

How long have you been a cichlid fancier? \_\_\_\_\_

How many tanks do you have set up? \_\_\_\_\_

Do you belong to other aquarist clubs? Please list: \_\_\_\_\_

\_\_\_\_\_

What kinds of Cichlids do you have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be willing to give a program, or do you have any special talents or desires to help the club? Please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Membership Fees

Membership subject to approval  
by Executive Board

Family (all under one roof) .....	\$23.00
Single (Adult or responsible Minor w/sponsor) ....	\$20.00
Corresponding USA .....	\$17.00
Corresponding Canada, Mexico: Pub only .....	\$23.00
Corresponding Overseas: Pub only .....	\$27.00

## Board Action

Date: \_\_\_\_\_ Approved  Disapproved

President \_\_\_\_\_ Secretary \_\_\_\_\_

Return with payment to: GCCA Membership

C/O Don Cave

241 Oxford Court

Bloomington, IL 60108

630-980-5933