

C.A.R.E. DUES 2025

(\$10.00 per year or \$100 Lifetime Membership)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

E-MAIL _____

(please print clearly)

→ ☐ Yes, please add me to the **CARE Member Directory**
(E-mail address required)



AMOUNT ENCLOSED: _____ (Thank you!)

Please mail this form and your check payable to CARE to:

**CARE c/o Sharon Trethan
5122 Blackhawk Dr.
Danville, CA 94506**

Date _____