

## CLEVELAND COUPLES TOGETHER WEB SITE APPLICATION FORM

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

(mm/dd)

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

(mm/dd)

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

(mm/dd/yyyy)

Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ GPC\* \_\_\_\_\_ Web site \_\_\_\_\_ CCT Member

\_\_\_\_\_ Other (Please specify) \_\_\_\_\_

<b>\$50.00 Per Annual Membership</b>					
<b>Prorates July 1<sup>st</sup> to June 30<sup>th</sup></b>					
<b>July</b>	\$50.00	<b>November</b>	\$34.00	<b>March</b>	\$18.00
<b>August</b>	\$46.00	<b>December</b>	\$30.00	<b>April</b>	\$14.00
<b>September</b>	\$42.00	<b>January</b>	\$26.00	<b>May</b>	\$50.00
<b>October</b>	\$38.00	<b>February</b>	\$22.00	<b>June</b>	\$50.00

Mail completed form with check to:

Cleveland Couples Together, PO Box 771102, Lakewood, OH 44107-0047