

# CYBA Affiliate Individual Application

(Please print or type your details- all requested information must be filled out before submission)

Your name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name of Business \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

What are your primary reasons for joining the CYBA? \_\_\_\_\_

\_\_\_\_\_

How did you hear about the CYBA, and who referred you? \_\_\_\_\_

\_\_\_\_\_

(Please provide the name and details of your sponsoring CYBA Affiliate)

Sponsor (Employer) Name \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

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

<u>Membership Class and Fee Schedule:</u>	<u>Initiation Fee</u>	<u>Yearly Dues</u>	<u>Total</u>
Affiliate Individual	Jan. - June \$50	\$48	\$98
	July - Dec. \$50	\$25	\$75

PLEASE SUBMIT CHECK WITH YOUR APPLICATION OR CALL DON ABBOTT WITH CREDIT CARD INFO

Yearly Dues for NEW applicants are pro-rated for first year only.

Upon approval, I understand that my annual CYBA membership dues are billed in December for the forthcoming year and are considered past due on January 31st. I agree that my CYBA Membership will be cancelled if full payment for the New Year is not received by February 15th.

Please email **completed** application to:

[don@cyba.info](mailto:don@cyba.info)

Or mail completed application to:

**CYBA**

3545 Airway Drive, Suite 112 Reno, Nevada 89511-1847

(800) 875-2922 Fax (775) 353-5111

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you, you will be notified once your application has been reviewed.