



## 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, and who referred you to, the CYBA? \_\_\_\_\_

(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	\$ 45	\$ 95
	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 30th. I agree that my CYBA Membership will be cancelled if full payment for the new year is not received by February 15th.

Please email or mail **completed** application to:  
[don@cyba.info](mailto:don@cyba.info)

**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.