



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	\$ 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 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:
Ty@cyba.info

CYBA
P.O. Box 2323 · Martinez, CA 94553-8777
(925) 588-8929

Applicant's Signature _____ Date _____

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