



# 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: \_\_\_\_\_

Website: \_\_\_\_\_

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 TY MELLOTT 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:  
**TyCyba@gmail.com**

**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.