



CYBA Affiliate Individual Membership 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 wanting to join the CYBA?

How did you hear about and who referred you to the CYBA?

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

Both names must be different and none should be from the same company you represent.

Sponsor (Employer) Name: _____

Email: _____ Phone: (____) _____

Signature: _____ Date: _____

Membership Class and Fee Schedule

Membership Class	Initiation Fee	Yearly Dues	Total
Affiliate Individual	\$50.00 Jan.-June	\$75.00	\$125.00
	\$50 July-Dec.	\$37.50	\$87.50

Please check the box if you are willing to provide an additional \$100 of which will be applied to the CYBA Legacy Fund/Legal Defense Fees.

NOTE: Please submit check with application. Yearly dues for new applicants are pro-rated for first year only. January through June \$348.00, July through December \$174.00.

Upon approval, I understand that 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 my full payment for the New Year is not received by February 15th.

Please email completed application to:

TyCyba@gmail.com

Or mail completed application to:

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

Applicant's Signature: _____ Date: _____

Thank you. You will be notified once your completed application has been submitted for review.