

KaCSFFS Membership Application

Please Print Legibly

Date Completed: _____

Paid fees include: Membership in the club; a subscription to the club newsletter, access to club functions, and voting privileges.

1st Name: _____ \$25 DOB (opt'l): _____

2nd Name: _____ \$20 DOB (opt'l): _____

3rd Name: _____ \$20 DOB (opt'l): _____

(Additional members of same household may be listed on a separate piece of paper)

Address: _____

City: _____ State/Zip: _____

Phone: _____ E-Mail: _____

New: Renew: Info Change:

Where did you hear about **KaCSFFS**? _____

Interests Include: _____

DO NOT include my e-mail address in the Membership Directory

DO NOT include my phone number in the Membership Directory

DO NOT include my physical address in the Membership Directory

Please e-mail me my copy of the club newsletter

Please mail this completed form along with your check for the full amount of your annual dues to the address below, or bring it to the next **KaCSFFS** meeting and submit it to the Treasurer in person. THANK YOU!

Kansas City Science Fiction & Fantasy Society

PO Box 36212

Kansas City, MO 64171-6212