

**KERN COUNTY BASQUE CLUB
2014 MEMBERSHIP APPLICATION**

Name: _____ Birth Date: _____

Spouse's Name: _____ Birth Date: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Telephone: () _____ E-Mail: _____

_____ **Please check here if you would like to receive the KCBC newsletter via e-mail.**

Renewal Memberships

New Memberships

_____ Single \$50.00

_____ Single \$80.00

_____ Couple \$100.00

_____ Couple \$150.00

If you are **attending the Membership Dinner**, please add the following amounts to your Membership dues:

Single \$20 _____

Honorary Single \$15 _____

Couple \$40 _____

Honorary Couple \$30 _____

Reservations for dinner are *required* for every member attending. The dinner must be **pre-paid with your membership dues by **February 14, 2014**.**

No dues or dinner payment will be allowed at the door.

**Mail your membership to
KCBC
P.O. Box 416
Bakersfield, CA 93302**