



CHoW/DC Membership Form

- [] **Renewal.** No changes to contact information or culinary interests listed on the current roster.
Please print name and city of residence only.

Name(s) _____ City _____

- [] **Renewal** with new or changed information; print below.
[] **New membership.** Please provide all information requested
(for use on the printed roster mailed to members only).

Contact Information and Interests

*This data will be included on the Membership Roster. Please **print**.*

Name(s) _____

Street Address _____

City, State Zip _____

Work phone _____ Home phone _____

Cell phone _____ Fax _____

Email _____

Culinary Web site _____

Culinary Interests _____

Membership Dues (Membership year is **September 1** to **August 31**)

Membership including emailed color PDF file of *CHoW Line* newsletters.

(\$35) _____ Individual, Household or Organization

OR

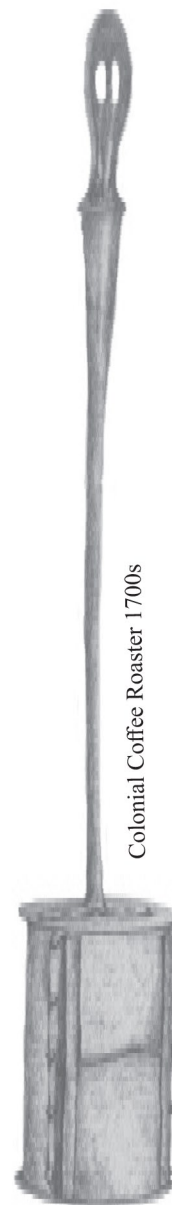
Membership including printed black/white copies of CHoW Line via
U.S. postal service AND via email as a full color PDF file.

(\$50) _____ Individual, Household or Organization

Today's date _____

Bring this form to a meeting with cash or a check made payable to **CHoW/DC**
or mail (checks only) to CHoW's Treasurer:

Francine Berkowitz, 9407 Curran Rd., Silver Spring, MD 20901



Colonial Coffee Roaster 1700s