



## Individual Membership Application 2021 Membership Year 1/1/2021-12/31/2021

Mail to:  
CECTH  
9794 Old Hawn Rd  
Huntingdon, PA, 16652

### Individual Membership—\$40

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (best number to reach you): \_\_\_\_\_

Email (print clearly): \_\_\_\_\_

Program Affiliation, if any: \_\_\_\_\_

### Donation—any level of donation is always appreciated—

\$ \_\_\_\_\_

Please indicate if we may publish your name in our communications  YES  NO CECTH is a 501 (c) (3) charitable organization.

Receipts will be sent via regular mail. Donor Name:

\_\_\_\_\_

Donor Address (if different from above): \_\_\_\_\_

### PAYMENT

### TOTAL PAYMENT

\$ \_\_\_\_\_

**Method of Payment:** Check, payable to CECTH \_\_\_\_, Card \_\_\_\_, PayPal (on website) \_\_\_\_

If using a credit card, please fill in the section below. Be careful when writing out the numbers and verify before sending. Please do not indicate a previous credit card used or the last four numbers of a card as we do not keep this information on file.

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Date: CVV #: \_\_\_\_\_

Billing Zip: \_\_\_\_\_

Total amount to be charged to this credit card: \$ \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

RECIPT OF MEMBERSHIP WILL BE SENT VIA E-MAIL, IF PROVIDED.