



**Individual Membership Application**  
**2024 Membership Year**  
**1/1/2024-12/31/2024**

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

**Individual Membership—\$50**

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.**