



Individual Life Membership Application

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

Individual Membership—\$500

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.