



**2010-11 MEMBERSHIP APPLICATION**  
(July 1, 2010 – June 30, 2011)

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Spouse/Children Name(s):** \_\_\_\_\_

**Membership (\$20):** New Member \_\_\_\_\_ **Renewal** \_\_\_\_\_

Check Payable to: *Manhattan Catbackers*

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Please mail to:** Charlotte Schartz, 4501 Kelsey Dr., Manhattan, KS 66502

manhattancatbackers@yahoo.com

---