



Camarillo Old Town Association Frenz of COTA Member Application

New Membership	<input type="checkbox"/>
Annual Renewal	<input type="checkbox"/>

Primary Contact: _____

Family Member Names: _____

Address: _____

Phone: (_____) _____ Talk/Text: (_____) _____

Email Address: _____

Pick Frenz of COTA Membership Type:

___ **\$50 1 Person** (includes: 1 event (1 ticket), early bird pricing, newsletter, your name listed on COTA website as a supporter)

___ **\$100 Family Membership** (includes: 1 event (2 tickets), early bird pricing, newsletter, your name listed on COTA website as a supporter)

___ **\$250 Family Membership** (includes: 3 events (2 tickets to each event), early bird pricing, newsletter, your name listed on COTA website as a supporter)

Payment Methods:

(Please check the intended method of payment)

Cash: Check: Credit Card: Debit Card:

Master Card Visa
 Discover American Express

Amount Due: ___\$50 ___\$100 ___\$250

Amount Paid: \$ _____

Card Number: _____ - _____ - _____ - _____ Exp Date: ____ / ____

Name of Card: _____ Security Code: _____

Signature: _____ Date: _____

Authorization Agreement for Credit/Debit Card Charges

I hereby authorize the Camarillo Old Town Association, to initiate credit/debit charges to my credit/debit card indicated above. The credit/debit charges will appear within 3 to 10 business days of this applications submission.