



# C.U.B.A. MEMBERSHIP APPLICATION

Yearly Dues: \$25.00

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Spouse's Name: (if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Contact Person(s): \_\_\_\_\_

Name of Club, Business, or Church:  
\_\_\_\_\_

Type of Business or Service:  
\_\_\_\_\_

May we call upon you for support of our projects and activities? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return completed application to:  
Clean Up Butts Association, P.O. Box 924, Jackson, GA  
30233. Please make check payable to C.U.B.A.**