



The Carvel Club Membership Form

NAME:	DATE:
ADDRESS:	TELEPHONE:
CITY & STATE:	ZIP:
E-MAIL:	
MEMBERSHIP TYPE (SELECT ONE AND CARRY AMOUNT TO NEXT COLUMN)	PLEASE COMPLETE BELOW:
FAMILY MEMBERSHIP - \$245	
SINGLE MEMBERSHIP - \$175	
ADDITIONAL DONATION	
TOTAL (MEMBERSHIP COST + ADDITIONAL DONATION, IF ANY)	
VISA/MASTERCARDNUMBER:	EXP. DATE: CVV:
OR PLEASE MAKE CHECK PAYABLE TO: THE CARVEL CLUB, INC.	