



Capital Cichlid Association

New

Renewal

Please Print Clearly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

What type of cichlids do you keep? _____

How many tanks do you maintain? _____

If you don't have cichlids right now, what type(s) are you interested in? _____

Circle the type of membership you want:

Individual: \$20

Family: \$25

Student/Junior: \$10

Make check payable to: Capital Cichlid Association

Mail to:

Patrick Kelly

1804 Petula Court

Forest Hill, MD 21050-2724

Or bring to the next meeting with payment.