



Membership Application

Casa Magoffin Compañeros

Application Type New _____ Renewal _____

Name _____

Address

Street _____

City _____ State _____ Zip Code _____

Telephone _____

E-Mail _____

Membership Level

Individual \$15 ____ Family \$25 ____ Senior Citizen \$10 ____

Sustainer* \$100 ____ Sponsor *\$250 ____ Benefactor* \$1,000 ____

** For membership levels of \$100 and greater, \$25 shall be considered a membership fee and the balance is a tax deductible donation*

Please complete the application form and return by mail to:

Sharon Cowell
CMC Membership Chair
10201 Aggie Circle
El Paso, Texas 79924

Please make checks payable to:

Casa Magoffin Compañeros