Membership Form

Please print.

All memberships will receive 4 newsletters per year via email.

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

EMAIL:

STUDENT\_\_\_\_\_\_ $10.00 Name and address of the school you are attending.

INDIVIDUAL \_\_\_\_\_\_ $15.00

FAMILY \_\_\_\_\_\_ $20.00

Up to four people.

LIFETIME \_\_\_\_\_\_$100.00

LIFETIME FAMILY \_\_\_\_\_$150.00

Up to four people.

Generous Donations are Welcome. $ \_\_\_\_\_\_\_

Make checks payable to: CGTGHG

Send to:

Joan Webb

Dept.CGTGHG

P.O. Box 115

Cumberland Gap, TN. 37724