

CORPS Membership/Renewal

Return this form with your check or money order!

PLEASE BEGIN/RENEW MY CORPS MEMBERSHIP – \$15 per year

(Valid October of current year through September the following year)

Name: _____

Address: _____

City: _____ State _____

Zip Code: _____

Phone: _____

E-mail address: _____

You may pay online using our PayPal link or print this form and mail it to us with your check or money order.

TOTAL AMOUNT ENCLOSED (check or money order, no credit cards): \$ _____ (Payable to CORPS)

Notes:

Questions? e-mail us at: conclave@corpipesmokers.org

We are on Facebook at www.facebook.com/theconclave .

On the web at www.conclaveofrichmondpipesmokers.org.org

Our mailing address is:

CORPS

P. O. Box 2463

Chesterfield, VA 23832