

FOR OFFICE USE ONLY

Date Received:
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Member:

2010 California Indian Basketweavers Gathering ASSOCIATE PRE-REGISTRATION FORM

Due May 2, 2010

Please fill out pre-registration form only if you plan on attending.

Name: _____ Phone: () _____ () _____

Address: _____ City: _____ State _____ Zip _____

Tribal Affiliation: _____ Email: _____

My age is: _____

LIST ALL OTHERS IN YOUR PARTY

Name	Age	Basketweaver (yes/no)
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For additional names, please use a separate sheet of paper and provide the same information

_____ I can volunteer to help during the Gathering. (Please contact me)

SALES TABLE

_____ I plan to sell my traditional baskets, basketry items, materials, or tools. **Must pay a vendor fee, see CIBA Sales Form**

CIBA FUNDRAISER RAFFLE

We will be holding our ANNUAL FUNDRAISING RAFFLE on Friday, June 25th and Saturday, June 26th – could you donate a raffle prize or other items?

_____ I will donate an item for the annual CIBA fundraiser raffle. This is what I'll donate:

Description: _____

_____ I will bring the item(s) to the Gathering

_____ I will send the item(s) to the CIBA main office; (mail to 1005 Court St., Woodland, CA 95695-3520)

Additional names in my party:

Name Age Tribal Affiliation Basketweaver (yes/no)

CIBA ASSOCIATE MEMBERSHIP APPLICATION/RENEWAL

Please check your choice: _____ \$30 Basic _____ \$15 Low-income/student

_____ \$50 Supporting _____ \$75 Sustaining _____ Other _____

Name: _____ Email _____

Address: _____ Phone (____) _____

City: _____ State _____ Zip _____ County _____

Please charge my: VISA/MasterCard (please circle)

Card Number: _____ Expiration Date: _____

Paid via Cash _____ amount _____ Check# _____ amount _____

Signature: _____ Date: _____