



# 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? \_\_\_\_\_

## Check the type of membership you want:

Individual: \$20

Family (under one roof): \$30

Student/Junior (18&under): \$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.