

# CIIN Membership Form

To become a member of CIIN please print and complete the following and return it with your donation in any amount to:

CIIN, PO Box 301, White Sulphur Springs, MT 59645 USA. Thank you for joining.

New Member

Renewing Member

Past Member

Gift

Enclosed is my donation by check /  
money order in the amount of

\$

Charge my membership donation (not less  
than \$25) to my credit card in the amount of

\$

Is this a gift? Please include  
recipient's name and address

Please keep my membership and donation anonymous

Please mail me a receipt for my donation. (For donations of \$50 and over)

Your Name as it appears on Card

Card Number

Expiration Date

3 Digit Security Code

Mail to Name

Address or PO Box

City

State

Postal Code

Country (if other than US)

Email

Phone

Signature