



Annual Membership Fees

Member Names: _____

Business Name: _____

Address: _____

City, Zip _____

Phone(s): _____

e-Mail Address: _____

This address should be the one at which you prefer receiving mail.

Is this address your home or business? (please circle one)

Number of People	Status	Rate	Total
	New or Renewing Member	50.00	
	Student Member	25.00	

Grand Total

Please include a check for your membership, and mail to:
 Santa Barbara Culinary Arts, PO Box 92232, Santa Barbara, CA 93190-2232