

## Fall Bench Bar 2019 Registration Form

***Please make checks payable to MCBA and send to 2620 Colonel Durham Street,  
Seaside CA 93955***

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

MCBA Member: \_\_\_\_\_ Yes \_\_\_\_\_ No

Cost: \$55 / MCBA Member (\$45 if payment is received **before 10/3/2019**)

\$65 / Non MCBA Member (\$55 if payment is received **before 10/3/2019**)

Payment Type: \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

Credit Card Information:

Name on Card: \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

Billing Address City: \_\_\_\_\_

Billing Address State: \_\_\_\_\_

Billing Address Zip Code: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card CVV: \_\_\_\_\_

Credit Card Expiration (Month & Year): \_\_\_\_\_ / \_\_\_\_\_