



Spring Bench Bar 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: \$65 / MCBA Member (\$55 if payment is received **before 3/28/2019**)

\$75 / Non MCBA Member (\$65 if payment is received **before 3/28/2019**)

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): _____/_____