

Dripping Springs Cook-Off Club

P.O. Box 614

Dripping Springs, Texas 78620-0297

Please Print Legibly, Thank you.

Name : _____ **DOB**_____

Home Address : _____

City : _____ **State / Zip :** _____

E-Mail Address : _____

Daytime Phone # : _____ **Cell Phone # :** _____

Work Phone # : _____

Spouse's Name- if joining : _____ **Spouse's DOB**_____

Spouse's E-Mail Address : _____

Spouse's Cell Phone #: _____ **Work Phone #:** _____

* Cost of membership is Twenty-five dollars (\$25.00) per adult member.

+ Membership is valid from Sept. 1 to Aug. 31 no matter when paid.

Email to dscookers@gmail.com or bring to monthly meeting.