

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Member Birthday Name \_\_\_\_\_ Date \_\_/\_\_/\_\_

Spouse Birthday Name \_\_\_\_\_ Date \_\_/\_\_/\_\_

Children still living in the household listed above

Child Birthday Name \_\_\_\_\_ Date \_\_/\_\_/\_\_

Child Birthday Name \_\_\_\_\_ Date \_\_/\_\_/\_\_

Child Birthday Name \_\_\_\_\_ Date \_\_/\_\_/\_\_

Child Birthday's will be removed upon reaching the age of 18

Anniversary Date \_\_/\_\_/\_\_

25.00 Subscription fee Payment Method CGB# \_\_\_\_\_

Cash      Check      Credit Card

Candlelight Employees Name that Received \_\_\_\_\_

Interests (Please circle all that apply)

Wine Tastings    Beer Tastings

Sports    Charities    Special Dinner Choices

Charity Selection (Please circle one)

Animal Shelter    Private Schools    Health Foundation

Public Schools    Homeless Shelter

Food Pantry    United Way

Candlelight Choice

Please note that we will use zip code to determine which area for your donation

*Candlelight Inn will not share your information.*