



BETHLEHEM ASSOCIATION

Tel: (909) 397-9101 www.bethlehemassociation.org

MEMBERSHIP REGISTRATION FORM

Please, fill the attached membership form and mail to:

Bethlehem Association
808 N. GAREY AVE
POMONA, CA 91767

Make Checks payable to: Bethlehem Association

2025
MEMBERSHIP

PLEASE WRITE CLEARLY

Name:	Spouse Name:
Street Address:	City:
State:	Zip Code:
Home Phone:	Cell:
E-Mail:	

Children Names & Age (18 and Younger):

Membership Dues

Family (\$100)		
Student/Single(\$50)		
Donation Charitable Fund		
Scholarship Fund		
2025 CONVENTION REGISTRATION \$575/Person (Package)	# of People Attending	TOTAL
TOTAL ENCLOSED		

PAID CHECK#

OR PAY BY CREDIT CARD:

VISA

MASTER CARD

CARD #

EXP. DATE

Month	/	Year	CVC CODE			
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PLEASE WRITE CLEARLY

*\$575 Package Includes Dinners for Thursday, Friday, Saturday And Breakfast Sunday
Early Registration by April 1st, 2024 get \$25 OFF per person for full package*

All Your Donations are Tax Deductible: (Our Tax Exemption: EID 23 2377526)
Your generosity & contribution are greatly appreciated.