



# Costume-Con 40

**Membership Registration Form**  
Please PRINT - ONE FORM per PERSON  
All fields with a \* are required. Questions?  
registrar@costumecon40.com | 301-922-1865.



<b>* LEGAL NAME</b> (First and Last):			
<b>BADGE NAME</b> (16 Characters MAX):			
<b>* BILLING ADDRESS:</b> Street (incl. Apt.):			
* City:	* State/Province:	* Zip/Postal Code:	* Country:
<b>ALTERNATE ADDRESS:</b> Street (incl. Apt.):			
City:	State/Province:	Zip/Postal Code:	Country:
<b>* PRIMARY PHONE #:</b> *(Country Code, if not +1): * <b>Type:</b> <input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work <input type="radio"/> Other		<b>ALTERNATE PHONE #:</b> (Country Code, if not +1): <b>Type:</b> <input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work <input type="radio"/> Other	
<b>* PRIMARY EMAIL ADDRESS:</b>		<b>ALTERNATE EMAIL ADDRESS:</b>	

*(NOTE: Youth/Kid-In-Tow members do not receive publications. Supporting members DO receive publications.)*

\* Please send my Costume-Con 40 Progress Reports:  Electronically (default)  Via Snail Mail  Both

<b>* Membership Type:</b>  <input type="checkbox"/> Full Attending Membership: (\$75 through 12/31/2020)  <input type="checkbox"/> Supporting Membership: (\$35)	<b>Upgrading from:</b>  <input type="checkbox"/> Site Selection Voting (-\$10)  <input type="checkbox"/> Supporting Membership (-\$35)
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**At Costume-Con 40 I will be:**

Staff (**Contact the Registrar**)       Youth: 6-17 years old (\$30)       Kid-In-Tow: Under 6 (FREE)  
 Military: Active/Reserves with ID (\$55)       Student: high school/undergrad with ID (\$55)

\* Total Due: \_\_\_\_\_ \* Paid By:  Credit Card  Check # \_\_\_\_\_  Cash [DO NOT PUT CASH IN THE MAIL!]

IF CC: Type:  Visa  MC  Amex  Other Card #: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Return this form to a CC40 representative or mail to: **Costume-Con 40, c/o GCF CG | PO Box 683 | Columbia, MD 21045**

<b>For Official Use Only:</b>	Membership ID: _____	Date Processed: ____/____/____
Date Received:	By (Initials):	Receipt #: