



CAT Association

Membership Form – Second Generation

Date of Application: _____

Name: _____ Spouse's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Birthplace: _____

Parents' Names: _____

Describe your parents' role(s) in CAT: _____

Siblings' Names: _____

Where did you live and study? (*Countries, schools, jobs, dates, using the back of this form if necessary.*)

If you have children, please list their names and ages:

Annual Dues: \$25.00 for stateside, or \$30.00 for overseas

Please complete and mail this form and dues to:

CAT Association
c/o 911 Midnight Drive
San Antonio, TX 78260