



2019 MEMBERSHIP FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

I would like to volunteer. _____

Annual membership level (indicate one):

- \$15.00 Good Friend _____
- \$30.00 Family Friend _____
- \$50.00 Best Friend _____
- \$100.00 True Friend _____
- \$200.00 Loyal Friend _____
- \$ _____ Valued Friend _____

| | |
|----------------------------|---------|
| OFFICE USE ONLY: | |
| Paid by: | |
| _____ Cash | |
| _____ Check | # _____ |
| _____ Credit Card | |
| Date _____ | |
| Volunteer's Initials _____ | |