



MEMBERSHIP FORM

2017 - 2018

Type of Membership: New Member Current Member Returning Former Member
 Individual (\$30) Family (\$40)

Last Name: _____ First Name: _____

Street Address: _____

City/State/Zipcode: _____

Preferred Phone No.: _____ Existing Member No. (if any) _____

Preferred Email: _____
(Please note that if you do not supply an email, it will be your responsibility to refer to the website for activities, focus nights, salon, and meeting information.)

For Family Memberships Only:

Member #2 Last Name: _____ First Name: _____

Phone No.: _____ Existing Member No. (if any) _____

Email: _____

Member #3 Last Name: _____ First Name: _____

Phone No.: _____ Existing Member No. (if any) _____

Email: _____

Member #4 Last Name: _____ First Name: _____

Phone No.: _____ Existing Member No. (if any) _____

Email: _____

STAPLE PAYMENT HERE