

MEMBERSHIP APPLICATION

Name(s):		
(please print)		
Address:		
(town)	(state)	(zip code)
Phone:		
(daytime)	(evening)	
Email:		
ness to contribute. Pro and depend on the ann In order to ensure you	unds according to their orgrams are supported would pledges and participare are aware of the time a with membership, we su	ithout endowment pation of members. and financial com-
following before joining		
attend at least 4 reparticipate in a Ne	egular meetings and 1 c ewcomers Meeting	committee meeting
Signature(s):		
Date:		