



For Official Use Only

FUND 20123

APPEAL 15KCM

Reference: Sustaining PMT: \$ _____

MEMBERSHIP FORM

Club Member: _____

Address: _____

BirthDAY: (M) _____ (D) _____ (Y) _____

Favorite Program(s): _____

PARENT / GUARDIAN / SPONSOR INFORMATION

Name: _____

Relationship To member: _____

Address: _____

Phone #: _____ Email: _____

THIS IS A MONTHLY, SUSTAINING GIFT OF \$5 OR MORE.

MONTHLY AMOUNT: \$ _____

EXTRA MEMBERSHIP BAGS (AT \$5 EACH) \$ _____

Credit Card Type: VISA / MC / AMEX / DISCOVER / DINER'S CLUB

Name on Card: _____ Billing Zip Code: _____

Number _____ Expiration ____ / ____