



Membership Application/Update

Name: _____ Date: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

~ Please indicate how you are willing to serve ~

___ Community Beautification ___ Projects ___ Marketing ___ Sales ___ Finance

Please list other skills or interests that might be helpful to our organization ~

Annual Membership Levels:

Individual - \$25 Family - \$50 Business - \$100

Lifetime Membership Levels:

Individual - \$500 Family - \$1,000 Business - \$2,500

Member Signature: _____ Referred By: _____

Please return this form and membership dues to:

A Better Columbus
P. O. Box 1088
Columbus, TX 78934
979-484-7184
www.ABColumbus.org



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