APPLICATION FOR GENERAL VOTING MEMBESHIP IN:

"CENTRAL CALIFORNIA HOME SUPPORT FOUNDATION"

(Please print all information legibility)

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HM PHONE: (_____) _____ BUS: (_____) _____

CELL PHONE: (_____) _____ OTHER: (_____) _____

E-MAIL: _____

MY INDIVIDUAL DONATION TO FOUNDATION: $ _____

I AM THE DESINGATED RPRESENTATION OF: _____

_____

WHO'S DONATION TO THE FOUNDATION IS: $ _____

(Attach copy of designation letter.)

I HAVE PAID CURRENT MEMBER DUES OF $ _____

CHECK EACH STATEMENT THAT APPLIES TO YOU:

( ) I WILL ACCEPT ELECTION TO A CORPORATE OFFICE POSITION.

( ) I WILL ACCEPT ELETION TO A CORPORATION DIRECTOR POSITION.

( ) I WILL ACCEPT ONLY GENERAL VOTING MEMBERSHIP AT THIS TIME.

_____

(SIGNATION OF APPLICATION

_____

/S/ (DIRECTOR TAKING APPLICATION)