

MEMBERSHIP FORM

Date:	
Member Name:	
Member Name:	
Member Name:	
Member Name:	
(Each member must be 18 or over years old)	
Mailing Address:	
City/State/ Zip:	
Home Phone#:	
Cell Phone#:	
Email:	
<input type="checkbox"/>	Yes, please add me to the FCC email list.

Total Number of Memberships: _____

Total Amount of Memberships: _____

\$ _____

(\$10 per year per person)

Donation: _____

\$ _____

(Add an additional tax deductible donation to help The FCC meet its goals. We appreciate any amount)

Total Amount Enclosed: _____

\$ _____

Please mail completed form, along with a check payable to Fiddletown Community Center to...

FCC

PO Box 236

Fiddletown, CA 95629

NOTE: Member information and email addresses are not shared with outside organizations or vendors.