

FIDDLETOWN COMMUNITY CENTER

2020 MEMBERSHIP FORM

(List all names for each membership)

(Members must be 18 yr or older)

Member Name:	
Member Name:	
Mailing Address:	
City/State/ Zip:	
Home Phone#:	
Cell Phone#:	
Email:	

Yes, please add me to the FCC email list.

Total Number of Single Memberships: _____ @ \$20 each = \$ _____
These are single memberships for 1 year.

Total Number of Family Memberships: _____ @ \$35 each = \$ _____
Includes everyone in your household for 1 year.

Total Number of Lifetime Memberships: _____ @ \$500 each = \$ _____
These are single memberships for your lifetime.

Total Number of Silver Memberships: _____ @ 300 each = \$ _____
These are single memberships for 5 years.

Total Number of Bronze Memberships: _____ @ 100 each = \$ _____
These are single memberships for 2 year.

Donation: _____ \$ _____

(Add an additional tax deductible donation to help The FCC meet its goals. Tax ID# 94-2881873. 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.
 THANK YOU! For your support of our 501(c)(3) organization.