



# Membership Form

## Household Member 1

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Household Member 2

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Email \_\_\_\_\_

Membership fee: \_\_\_\_\_ \$20 annually per household

Mail your membership fee to:

PFLAG Mount Pleasant  
120 S Main Street, Suite 103  
Mount Pleasant, IA 52641-2186