THE FRIENDSHIP FORCE OF **RALEIGH 2025 MEMBERSHIP** APPLICATION/RENEWAL

Choose one: New application Renewal	
Today's date:	

A. INDIVIDUAL DATA	A. INDIVIDU	IAL DA	ΙA
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A. INDIVIDUAL DATA		
Last name	First name	_ M.I
Address		
City	Zip	
Primary phone ()	Secondary phone ()	
E-mail		
B. SECOND ADULT - Family Mem	bership	
Last name	First name	M.I
Primary phone ()	Secondary phone ()	
E-mail	<u></u>	
C. TALENTS OR INTERESTS YO	U COULD SHARE WITH FRIENDSI	HIP FORCE
Foreign languages spoken		
Talents and skills		
Countries you would like to visit		
D. MEMBERSHIP DUES FOR CAL	ENDAR YEAR JAN. 1 TO DEC. 31	, 2025

* Note that \$30pp of your dues will be paid to Friendship Force International.

_____ \$65.00 *Family membership (Two adults living in

same household with or without minor children)

Please make check payable to Friendship Force of Raleigh and mail to: Jane Fellows, 1108 Alabama Avenue, Durham NC 27705

_____ \$40.00 *Individual membership

___ \$10.00 Student membership