

# Join FCF!

## Membership form

Name \_\_\_\_\_

Spouse name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ zip code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Check membership type:

\_\_\_\_\_ College Student Membership (\$35/year with ID)

\_\_\_\_\_ Individual Membership (\$60/year)

\_\_\_\_\_ Family Membership (\$120/year)

Memberships only cover a small part of FCF costs each year. Please consider an additional donation to support FCF Community Service Projects, Programs and the FCF-Holland Community Center:

\_\_\_\_\_ Additional Donation

\_\_\_\_\_ Total

Please make checks payable to: FCF

We accept Visa, MasterCard and American Express

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

- YES!** I'm interested in volunteering, Please contact me.
- YES!** I would like more information about reserving rooms at the Community Center.
- YES!** Sign me up for paperless communications.