

Join FCF!

Organizational Membership

Organization

Name _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Email _____

Check membership type:

_____ Cholla (\$500/year) Includes \$750 of Room Rental and All benefits of Family Membership

_____ Quail (\$1000/year) Includes \$1500 of Room Rental and All benefits of Family Membership

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/pledge

_____ total

Please make checks payable to: FCF

We accept Visa, MasterCard and American Express

Credit card ###: _____ exp. Date _____

signature _____