



2018 – 2019 MEMBERSHIP FORM

Please print.

Date: _____

Chapter Name: _____ New Member: ____ or Renewing Member: _____

Your Name: _____

Spouse/Partner Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email: _____ Employer: _____

Date of Birth: _____ T-Shirt Size: S M L XL XXL XXXL
YS YM YL

Membership Selection:

- Circle of Friends (Active Member): \$25
Actively volunteers for fundraisers and attends meetings
- Friends of Friends (Inactive Member): \$25
Not actively participating at this time but stays informed
- Lifetime Membership: \$250
One-time fee and member for life
- Kids of Friends Membership: \$10
Active volunteers under the age of 17

Are you interested in a leadership position?	
Yes	No

I wish to make a donation: _____

For Treasurer Only:

Circle of Friends Dues Paid: \$ _____ Method of Payment: _____ Check #: _____

Friends of Friends Dues Paid: \$ _____ Method of Payment: _____ Check #: _____

Lifetime Membership Paid: \$ _____ Method of Payment: _____ Check #: _____

Kids of Friends Membership Dues Paid: \$ _____ Method of Payment: _____ Check #: _____

Received T-Shirt: Yes No

Comments: _____

For Processing:
_____ Application & Payment Received _____ Payment Processed & Member Added to Roster
_____ Copy of Membership Form and Payment Mailed to ACHF _____ Member Coded

****You may also join online by visiting www.giving.archildrens.org/joincof****