

2018 FASM - MEMBERSHIP FORM

Please make your check payable to **FASM** and mail, along with form, to Cindy Berg (address below). Dues are tax deductible and your cancelled check is your receipt.

Date: _____

Name(s): _____

Street: _____

City: _____ ST: _____ ZIP + 4: _____

Phone Type:	Family member Name	Phone Number with Area Code	Preferred Number to call? Circle
Home	XXXXXXXXXXXXXXXXXXXX		Y or N
Cell 1			Y or N
Cell 2			Y or N
Work 1			Y or N
Work 2			Y or N

What is your preferred Method of Contact? Mail Email Phone

Email: _____ Add me to FASM email blasts
(FASM will not share your email address with any other organizations or business)

I (we) would like to use my talents and/or time to help FASM by: _____

Any comments or suggestions: _____

Household Dues for 2018:	_____ \$25.00
General Donation:	_____
Total Enclosed	