



THOMAS JEFFERSON RPM STAFF REGISTRATION FORM: 2022-23

(1) email a clear image to membership@tjrpm.org
(2) mail to "TJ RPM, PO Box 3071, Federal Way WA, 98063-3071."

LAST Name: _____ **FIRST Name:** _____

Full Address: _____

*Phone: _____ *E-mail: _____

*Cell Phone: _____

**Information will only be used by TJRPM and you can opt out at any time.*

Type of Membership: **\$5.00 Staff** **Optional Donation: \$** _____

Cash/Check/Credit Amount: \$ _____ *(Checks payable to "Thomas Jefferson RPM, Paypal option on website)*

Visa/MC/Discover #: _____ **CID:** _____ **Expiration Date:** _____

Name on Card: _____ **Signature:** _____

*Staff Memberships contribute much to RPM's ability to support TJHS: your dollars, memberships, and general sense of 'buy-in' help us build a stronger organization. We try hard to create value for those we serve, and your help matters.
Thank you for being part of our mission!*