



FRIENDS OF SHAKAMAK MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Email Address:	Home Phone:	Cell Phone:
Current address:		
City:	State:	ZIP Code:

JOINT MEMBER INFORMATION (IF APPLICABLE)

Name:		
Email Address:	Home Phone:	Cell Phone:

CORPORATE MEMBERSHIP INFORMATION (IF APPLICABLE)

Corporate/Non-Profit Organization Name:		
Corporate/Non-Profit Organization Address:		If Non-Profit Organization, then please include copy of Tax Exempt Certificate
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

REFERRALS

Please let us know if you have family or friends who may be interested in becoming a Friend as well!

Name	Address	Phone

SIGNATURES

Amount enclosed: \$ _____ * Make checks payable to: Friends of Shakamak

Signature of applicant:	Date:
Signature of joint member <i>(only if for a joint membership)</i> :	Date: