



Membership and Payment Information Form

Today's Date _____

First and Last Name: _____

Email: _____

Phone Number: _____

Home Address: _____

Affiliate
Organizations: _____

Are you making a payment today? Yes ___ No ___

If yes, please answer the following questions:

What type of payment are you making? Online _____ PayPal _____ Cash _____

Check (please include check number) _____

Are you a Lifetime Member: Yes ___ No ___

*If you have any questions or concerns, please contact:
Membership: Mrs. Felicia Brown, 2nd VP at FeliciaB3@gmail.com
Payment: Mrs. Linda Crews at Linda.Crews2@gmail.com*