



**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? \_\_\_\_\_

What form of payment? Online \_\_\_ PayPal \_\_\_ Cash \_\_\_ Check (please include check number) \_\_\_\_\_

If so, how much are you paying and what does your payment include: \_\_\_\_\_

Are you a Lifetime Member: Yes \_\_\_ No \_\_\_

Are you a Legacy Member: Yes \_\_\_ No \_\_\_

*If you have any questions or concerns, please contact:  
Membership: Mrs. Felicia Brown, 2nd VP at [FeliciaB3@gmail.com](mailto:FeliciaB3@gmail.com)  
Payment: Ms. Shameka Kempson at [divinefaith628@gmail.com](mailto:divinefaith628@gmail.com)*