



*Defending Life from
Conception to Natural Death*

MEMBERSHIP - VOLUNTEER FORM

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE# _____ **CELL PHONE#** _____ **E-MAIL:** _____

ANNUAL MEMBERSHIP DUES: SINGLE () \$15.00 or FAMILY () \$25.00

METHOD OF PAYMENT: CASH () CHECK () CHECK NUMBER _____

VOLUNTEER COMMITTEES – INTERESTS/TALENTS:

- () FUNDRAISING () PUBLICITY () NEWSLETTER () WEBSITE
- () LEGAL ADVISOR () LEGISLATIVE () COMPUTER () VIDEO () MEDIA
- () HOSPITALITY () EVENTS () MUSICAL TALENT
- () SPEAKER (TEENS/ADULTS) () ACCOUNTANT () VOTER REGISTRATION
- () PRECINCT COMMITTEEMAN () LOBBYIST
- () OTHER Explain: _____