

# MEMBERSHIP APPLICATION/DONATION FORM

## APPLICANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Email:

Phone:

## SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

Email:

Phone:

## MEMBERSHIP FEES

1 Year \$20

2 Years \$40

3 Years \$60

4 Years \$80

## DONATIONS

Donations \$

## PAYMENT METHOD

Cash

Check

Other

## SIGNATURES

I authorize the verification of the information provided on this form.

Signature of applicant/donor:

Date:

Signature of spouse *(only if for a joint membership)*:

Date:

Application may be mailed to: ELSWF  
Attention Membership Committee  
P O Box 426  
Pittsburg, Texas 75686

\*please enclose applicable fee.

\*all donations are tax deductible

# Thank You for your Support!

