MEMBERSHIP APPLICATION

ember Name		□ Adult □ Yo	uth	Today's Date		
Mailing Address						
City, State				Zip Code)	
Email Address						
Contact Number	□ Cellular □ L	andline	Shirt Size S \(\text{S} \) M \(\text{L} \) \(\text{XL} \) \(\text{XXL} \) \(\text{XXXL} \)			
Please select one (1) of the following Mem	bership Type					•
Type of Membership	Fee			newal Add Shirt (\$5)		
O Regular Adult Membership	\$10		□ Ren		O \$5	
O Contributing Membership	\$20		□ Ren		O \$5	
O Sustaining Membership*	\$35	\square New				
O Patron Membership*	\$55	\square New	□ Ren	ewal		
O Lifetime Membership*	\$100	\square New	\square Ren	ewal		
* Membershi	ip includes a C	AP T shirt				
Please remit payment to: Citizens A 401 E. Martin Luther K	lliance for F ing Jr. Dr. 7			L 3468	89	
I,, herek	oy apply for a r	nembership	with Ci	itizens A	Alliance for Prog	gress.
I understand that $\underline{\text{membership fees are }NG}$	ON-REFUND	ABLE, non-	transfe	rable ar	nd are only good	l for one
(1) calendar year (excludes Lifetime Members	hip).					
Member Applicant Signature			_		Date	
0	FFICE USE (ONLY				
Date Received: Membership Expiration Date:				_	Staff Initials:_	

-Covering the Needs of the Entire Community-