



# 2017 Community Supporter Membership Application

CHECK ONE:  \$20 SENIOR (65+)  \$40 SENIOR COUPLE (ONE OF THE COUPLE IS A SENIOR)  
 \$25 INDIVIDUAL  \$50 INDIVIDUAL COUPLE  \$20 STUDENT  \$20 EDUCATOR

1st Community Supporter Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Primary email: \_\_\_\_\_

Signature 1 \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ /201\_\_

2nd Community Supporter Name: \_\_\_\_\_

Check One:  Same as Above  Changes (see below)

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Primary email: \_\_\_\_\_

Signature 2 \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ /201\_\_

Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date Received \_\_\_\_\_ / \_\_\_\_\_ /201\_\_

Remit to our bookkeeper at  
Fayetteville C of C  
PO BOX 89, Schulenburg, Texas 78956  
Thank you for your membership!

OFFICE USE

Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/201\_\_

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