

# Selfhelp Home Membership Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Spouse's Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Please **circle** your choice of membership:

**Guarantor Member . . . \$200    Sustaining Member . . . \$100    Participating Member . . . \$50**  
**Contributing Member . . . \$35    Regular Member . . . \$25**

Please complete the following information if you're interested in purchasing additional memberships for your family members. Include both husband and wife's names below along with the other requested information.

This family membership is for my:

(Circle one) Son, Daughter, Granddaughter, Grandson, Other \_\_\_\_\_

Name \_\_\_\_\_

Spouse's Name (if applicable) \_\_\_\_\_

Type of Membership \_\_\_\_\_ Amount \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

This family membership is for my:

(Circle one) Son, Daughter, Granddaughter, Grandson, Other \_\_\_\_\_

Name \_\_\_\_\_

Spouse's Name (if applicable) \_\_\_\_\_

Type of Membership \_\_\_\_\_ Amount \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Please add any additional membership information on the back of this form.

Please make your check payable to the Selfhelp Home. Your membership card(s) will be mailed to you shortly. Your contributions to the Selfhelp Home are tax deductible and very much appreciated!

