

THE FRIENDS OF THE PAINTED FOREST MEMBERSHIP APPLICATION FORM

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone | Work _____ Phone | Home _____

Fax _____ Email _____

Annual Membership Categories | Please Check One

Student and Seniors | \$10

Active | \$20

Institutional | \$50

New Member

Renewal

Payment Options | Please Check One

Check for \$_____ enclosed | Please make checks payable to Edgewood College

Charge to: VISA MasterCard

Card Number _____ Expires _____

Authorization Signature _____

Mail Membership Application Form and Payment to:

Advancement Office
Edgewood College
1000 Edgewood College Drive
Madison, WI 53711-1997

Thank you for your support!