

Friends of WomenSafe Membership Application

Name: _____ E-mail Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Membership Categories: *Please check the membership category appropriate for you..*

- Sustaining Member:** *Requires \$ 25+ application fee. A sustaining member agrees to make an annual donation and tries to support/attend FOW events whenever possible.*
- Participating Member:** *Requires time commitment. A participating member agrees to attend quarterly membership meetings and work a minimum of one event per year.*

Volunteer tasks you're available to perform: (check all that apply)

- | | |
|---|---|
| _____ Working on a committee to plan an event | _____ Working at an event |
| _____ Selling raffle tickets | _____ Soliciting donations |
| _____ Baking | _____ Picking up donations |
| _____ Soliciting event sponsors | _____ Writing Press Releases |
| _____ Helping to "set-up" for an event | _____ Helping "clean-up" after an event |
| _____ Phoning volunteers to enlist help | _____ Prepare baskets for auctions |
| _____ Recruit members to join FOW | |

Other: (please list any other ways you can help)

Do you have any ideas for new fund-raising activities that we might try?

Please enclose your membership payment if applicable with this application and mail to:

Friends of WomenSafe, Inc.
 8575 Herrick Drive
 Chesterland, Ohio 44026
 (make checks payable to F.O.W.)

or email it to: NancyTemple@roadrunner.com