



# Membership Application

Please complete and return with your check, or visit us securely online at [thepapcorps.org/aberdeen](http://thepapcorps.org/aberdeen) and use your credit/debit card. Thank You!

Date \_\_\_\_\_

☐ New Member(\$50) ☐ Renewal (\$50) ☐ Life Member (\$350)

**Annual Membership is for a calendar year from January 1 to December 31**

Name \_\_\_\_\_ Birthday MM/DD \_\_\_\_\_

Address \_\_\_\_\_

Local Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Aberdeen Resident: ☐ yes ☐ no Community \_\_\_\_\_

Email \_\_\_\_\_

Northern Address (if applicable) \_\_\_\_\_

Spouse or Partner's name \_\_\_\_\_

Are you available for ☐ daytime meetings, ☐ evening meetings?

If you would like to be more active and work with wonderful and dedicated volunteers, please indicate below what areas interest you and what expertise you may have that would be of great benefit to the organization.

☐ Membership

☐ Fundraising

☐ Computer skills (please indicate proficiency in specific software, i.e. excel, word, photoshop, etc.)

☐ Facebook

☐ Other \_\_\_\_\_

Please make checks payable to **The Pap Corps**. Mail or deliver application(s) with enclosed check to:  
Karen Frent, 8241 Desmond Drive, Boynton Beach, FL 33472

If you have any questions, please call Anita Lippert at 561-509-8723.  
Thank you for your support!