

**VALENCIA RESERVE CHAPTER
MEMBERSHIP APPLICATION FORM**

HELP FIGHT CANCER WITH YOUR MEMBERSHIP TO VR PAP
THIS FORM MAY BE USED FOR NEW, ANNUAL RENEWAL AND/OR LIFE MEMBERSHIP

- _____ I WOULD LIKE TO JOIN THE VALENCIA RESERVE PAP CORPS
_____ I WOULD LIKE TO RENEW MY MEMBERSHIP IN THE PAP CORPS
_____ I WOULD LIKE A LIFETIME MEMBERSHIP IN THE PAP CORPS

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
EMAIL ADDRESS _____
BIRTHDAY (MONTH, DAY) _____
HOME PHONE _____
CELL PHONE _____

**CIRCLE ONE: NEW \$50 - GOOD FOR REMAINDER OF 2023 THROUGH 2024
RENEWAL \$50
LIFETIME MEMBERSHIP \$350**

MAKE CHECKS PAYABLE TO: THE PAPER CORPS:

**LEAVE IN PAP MAILBOX IN CLUBHOUSE OR LINDA CUSHER'S HOME:
10916 CARMEL COVE CIRCLE**

**I AM INTERESTED IN THE FOLLOWING COMMITTEES (CIRCLE ANY): PUBLICITY,
MEMBERSHIP, FUNDRAISING, EVENT PLANNING/PROGRAMMING, MEN'S
COMMITTEE, COMMUNICATION, OR OTHER? _____**

FURTHER INFO AVAILABLE THROUGH LINDA CUSHER (561) 200-4599 LRCUSHER@LIVE.COM

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