

2017 FASM - MEMBERSHIP FORM

Please make your check payable to **FASM** and mail, along with form, to Cindy Berg (address below). Dues are tax deductible and your cancelled check is your receipt.

Date: \_\_\_\_\_

Name(s): \_\_\_\_\_

Children(s) Names & Age(s): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP + 4: \_\_\_\_\_

Home: \_\_\_\_\_  Preferred

Cell: \_\_\_\_\_  Preferred

Work: \_\_\_\_\_  Preferred

Email: \_\_\_\_\_  Add me to FASM email blasts  
**(FASM will not share your email address with any other organizations or business)**

I (we) would like to use our talents and/or time to help FASM by: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional comments or suggestions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Household Dues for 2017	\$25.00
General Donation	
Suomi 100 Donation	_____
Total Enclosed	_____