

Membership Application

Yes, I want to become a member and support the Fiddletown Community Center!

DATE: _____

Member Name: _____

Member Name: _____

Member Name: _____

Member Name: _____

Mailing Address: _____

City: _____

State: _____ **Zip:** _____

Phone w/ac: _____

Email: _____

Please send me the Fiddletown Community Center Newsletter by Email

Total Number of Memberships: _____

Total Amount of Memberships: \$ _____
(\$10 per year per person)

Donation: \$ _____
(Add an additional tax deductible donation to help FCC meet it's goals. We appreciate you amount)

Total Amount Enclosed: \$ _____

Make checks payable to Fiddletown Community Center

Please mail completed form along with payment to:

FCC
P. O. Box 236
Fiddletown, CA 95629

NOTE: Member information and email addresses are not shared with outside organizations or vendors