



## Application for Membership

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Cell: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Areas of Expertise: \_\_\_\_\_

Committee Preferences:

\_\_\_\_\_ Corporate Sponsors

\_\_\_\_\_ Medical Assistance

\_\_\_\_\_ Mini Grants

\_\_\_\_\_ Fundraising

\_\_\_\_\_ Special Events

\_\_\_\_\_ Annual Meeting

\_\_\_\_\_ Public Relations

\_\_\_\_\_ Legal Issues

\_\_\_\_\_ Membership

\_\_\_\_\_ Other

\_\_\_\_\_ Scholarships

(Specify) \_\_\_\_\_

***"I am aware that I must attend meetings regularly, missing no more than 3 meetings in a row, in order to retain my seat on the Board of Directors of the Clay County Education Foundation."***

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

Level of Contribution:

\_\_\_\_\_ \$25    \_\_\_\_\_ \$50    \_\_\_\_\_ \$75    \_\_\_\_\_ \$100    \_\_\_\_\_ \$500    \$ \_\_\_\_\_

Membership contributions are due by October 1<sup>st</sup> of each year.