

Friends of Matheny

Membership Application

New Member Renewal

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Membership Dues (\$35.00) Donation: _____

Card Type: Visa MasterCard Amex Check

Card Number: _____ Expiration: _____ Security Code: _____

I'd love to help the Friends. Tell me more about...

- | | |
|-----------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Working a shift at Second Chance | <input type="checkbox"/> Graduation |
| <input type="checkbox"/> Holiday Boutique | <input type="checkbox"/> Miles for Matheny |
| <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Friends of Matheny Board |
| <input type="checkbox"/> Halloween | <input type="checkbox"/> Volunteering at Matheny |

Please Mail Form to:

The Friends of Matheny PO Box 89 Peapack, NJ 07977