



Join Friends of Fircrest

Print out and complete form, and mail it with your payment to:

Friends of Fircrest
Attn: Treasurer
15230 15th Ave. NE
Shoreline, WA 98155-7196

Attached is my check made out to Friends of Fircrest to cover my (new/renewal) membership dues for the year(s) _____ (Membership year begins in January)

Individual (\$15.00) _____ Family* (\$25.00) _____ Additional donation \$ _____

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Are you able and willing to volunteer on committee(s) and/or support one-time special events on campus upon request? Yes _____ No _____

*Additional Immediate Family Members (Family membership only): Limit 3 additional members

Name: _____ relationship: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Name: _____ relationship: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Name: _____ relationship: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____