

Office Use Only

Payment Method \_\_\_\_\_

Amt. Paid. \_\_\_\_\_

Date Paid \_\_\_\_\_

## Membership Application Form

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type of Memberships available:

- Single/Annual--\$15 and one vote at annual meeting in October
- Family/Annual--\$25 and two votes at annual meeting in October
- Single/Lifetime--\$100 and one vote at annual meeting in October

Would you be willing to volunteer? \_\_\_\_\_

If yes, what days and times work best for you? \_\_\_\_\_

What is the best way for us to contact you? \_\_\_\_\_

Thanks for joining the Friends of Paplin effort!

Visit us on Facebook and on the Web @[www.friendsofpaplin.com](http://www.friendsofpaplin.com)

**Complete and send this form along with appropriate payment to:**

Friends of Paplin  
P.O. Box 53  
Loup City, NE 68853-0053