



FRIENDS OF SEMMES

"Building a better community"

Membership Application

Name (Individual or Business)

Name of Contact Person (business membership)

Street Address

City

State

Zip Code

Home Phone #

Cell Phone #

Fax #

Email Address

***Sponsorship by 2 Members and 1 Director (Board Member):**

Members

(1) _____
Print Name

Member's Signature*

(2) _____
Print Name

Member's Signature*

Director

(1) _____
Print Name

Director's Signature*

Type of Membership (circle one) and Annual Dues:

Individual/Family \$25.00

Business/Corporation \$100.00

Submitted by (Signature)

Date

7875 Moffett Road, Unit F
Semmes, AL 36575
Phone: 251/243-0244

www.friendsofsemmes.org

Board/Committee Use Only

Application Received _____

Reviewed _____

Dues Paid _____

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