



Salinas Circle for Children Membership Application

Year: _____

_____ **Active,** \$30.00 per calendar year
I am interested in Active Membership and plan to attend meetings and will participate in planning and implementing fundraising activities.

_____ **Associate,** \$40.00 per calendar year
I was an Active Member for a minimum of 5 years and will continue to assist with fundraising activities.

_____ **Sustaining,** \$50.00 per calendar year
I am interested in supporting Salinas Circle for Children financially without obligation to participate in any activities.

Member Name: _____

Mailing Address: _____

City, State & Zip: _____

Home #: _____ Cell #: _____ Work#: _____

Email: _____

Birth - Month & Day: _____

Member Since: _____ (if you know the year)

Please indicate how you would like to receive information regarding meetings, etc.

Email: _____ Phone: home _____ cell _____ work _____ US Mail: _____

Please mail completed form along with payment to:

Membership Chair
Salinas Circle for Children
P. O. Box 2064
Salinas, CA 93902

Please join, we
need your help.
Thank you!

www.salinascircle.org

For Internal Use Only:

Paid: ___ Cash ___ Check ___ Check# _____

