



**MEMBERSHIP
REGISTRATION**

Full Name: _____
Last First M.I.

Address: _____
Street Address

City State Zip + 4

Home Phone: _____ Alternate Phone:(W) & (C): _____

Email Address: _____

Business Name & Occupation _____

Spouse's Name: _____ Spouse's Work/Cell Phone: _____

Or Emergency Contact Name & Phone: _____

\$20 New Member [] \$20 Renewing Member [] \$15 *Associate Member []

\$50 [] Sustaining Member

**Associate members are members of other OFRW clubs, or men who support our mission.*

Please check one or more of the following committees in the areas of your interests.

- | | |
|---------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Americanism | <input type="checkbox"/> Literacy |
| <input type="checkbox"/> Caring for America | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Essay Project | <input type="checkbox"/> Publicity/Media |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Sponsorships | <input type="checkbox"/> Hospitality |

Member Signature:	Date:
--------------------------	--------------

Please sign and date this form and bring it to the next Heartland meeting or mail to:

Tonya Coffman, Heartland RW Treasurer
601 Birdsong
Edmond, OK 73003-3021

Make your check payable to Heartland RW. No corporate checks allowed.