



MEMBERSHIP REQUEST FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (DAY) _____ PHONE (EVENING) _____

E-MAIL _____

PROFESSION OR WORKPLACE _____

Annual memberships are valid from July 1 through June 30

(...with some flexibility depending on the month in which you join.)

Select Your Membership Type

- Individual \$50
- Family \$75
- Full-time Student \$35
- Age 65+ \$35
- Organization \$50/person

Please list corporate members:

Use additional paper if necessary

Additional Donation

I am making a donation in the amount of \$ _____

In memory of _____

In honor of _____

I would like my donation to go to the Jennifer and Adrian Orme Memorial Endowment Fund of SPAN Idaho

I would like to volunteer in the following ways:

- As a participant in a regional chapter
- As a member of the statewide board
- Fund-raising
- Survivor support
- Advocacy
- Community awareness
- Research
- Other _____

Please Make Checks Payable to **SPAN Idaho**.

Mail this form and payment or donation to:

SPAN Idaho
c/o Jackson Coles, PLLC
960 Broadway Ave., Suite 415
Boise, ID 83706

Your membership and donation are tax deductible.