



2011-2012
CIRCLE OF FRIENDS
MEMBERSHIP APPLICATION

Contact Information

Name: _____ Preferred Salutation: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

- Include contact information in directory Do not include contact information in directory

Membership Information

- Friend** Membership: \$50 Annually I would like to make a tax deductible **donation** to the women and children of NFNL \$ _____
- Patron** Membership: \$100 Annually
- Lifetime** Membership: \$1000 One-time

Payment Information

- Enclosed is my **CHECK** payable to: NFNL P.O. Box 192378 Dallas, TX 75219
- Please charge my **Visa** **MasterCard** **AMEX** (4 digit security code _____)
- Credit Card #: _____ Exp. Date: _____
- Cardholder Signature: _____

Volunteer Interest

- Fund Raising Events Staff/Volunteer Appreciation
- Prayer Warriors Wednesday Night Dinners for women or children
- Membership Outreach Holiday Events for women and children
- Hospitality – hostess duties for meetings

Please return your application no later than June 15, 2011 to be included in our 2011-2012 Directory.
New Friends New Life P.O. Box 192378 Dallas, TX 75219