

Application for Membership
Friendship Force of Western Michigan

Date: _____

Person #1:

Name: _____

Address: _____

Phone: (h) _____ (c) _____ Email: _____

Occupation (if retired, list former): _____

Foreign Languages Spoken: _____

Hobbies/Special Interests or Training: _____

Person #2:

Name: _____

Address: _____

Phone: (h) _____ (c) _____ Email: _____

Occupation (if retired, list former): _____

Foreign Languages Spoken: _____

Hobbies/Special Interests or Training: _____

How did you hear about Friendship Force of Western Michigan? _____

Dues are \$40 per person per year.

Please mail this form to the current treasurer of FFWM:

Lisa Fisher
9704 Oakview Dr.
Portage, MI 49024