



MEMBERSHIP APPLICATION

Please check the appropriate box:

New Membership \$50 Renewal \$30

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Work: _____

Cell Phone: _____ Fax: _____

Email: _____ Website: _____

Birth Date: _____ (MM/DD)

Emergency Contact Info: Name & Relationship: _____

Telephone Number: _____

Special areas of interest/skills: _____

T-Shirt Size: SM. MED. LRG. XLRG. XXLRG. OTH _____

Membership Rates: Annual fees are based on the financial year (May 1, 2016 - June 1, 2017).

New Membership - \$50 full member – Receive free bag, roundtable discussions, and discount on events and workshops.

Renewal - \$30.00 Donation - \$_____ (Tax Deductible)

Please find enclosed a check/money order, payable to Beauty4Ashes, for \$_____.
If you wish to pay by credit card, please visit our website at www.beauty4-ashes.org.

Send check/money order to: 14515 Turner Wootton Pkwy, Upper Marlboro, MD 20774 –
Phone: 240-398-9078

Beauty4-Ashes (Isaiah 61:1-3) is a Non-Profit organization which depends on your donations.
Thank you for your support.

Date: _____

Signature: _____