



# Membership Application

**Name:**

**Spouses Name/Additional Name:**

**Home / Business Address:**

Street

City

State

Zip

**Mailing Address:**

Street

City

State

Zip

**Home Phone:**

**Alternative Phone:**

**Email**

**Spouse/Additional Email:**

**Membership Fees:**

Individual - \$150.00

Couple - \$250.00

**Committee Interests**

Grants

Education

Member Services

Community Service

Social

**Do you work for a matching gift company?**

Yes

No

**Total Enclosed:**

Membership fee: \$

Additional Donations: \$

**Total:** \$

All but \$35/person of your membership dues are tax-deductible. Please make checks payable to: **Richland County Foundation**