



APPLICATION FOR MEMBERSHIP

Faith Outreach Foundation
3965 West 83rd Street, Ste. 155
Prairie Village, Kansas 66208

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Date: _____

Place of worship: _____

- I would like to become a member of Faith Outreach Foundation. Enclosed is my annual registration fee of \$10.00 (per person).
- I have also enclosed \$_____ as an additional donation to Faith Outreach Foundation.
- I would like to serve on the Foundation's Board of Directors.
- I would like to serve on a Foundation committee. (Circle your choice.)
- Grant Review, Gift and Membership, Nominating, or Long Range Planning Committees

Please return this form with your check to the address shown above.