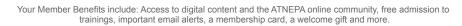
ACTION TOGETHER MEMBERSHIP





	COI						
First Name				Last Name			
Address					Apt Num		
City			State		Zip		
Preferred Contact Method	Call Text	Email 🗌	Mail 🗌	Preferred County/Chapte	er		
Cell Phone				Home Phone			
Email					to receive per and essential of	your email and cell phone r jiodic communications rega communications to member data rates may apply. You	rding your membership is from this organization.
Preferred Language(s)					DOB	1	1
	MEME	BERSHIP INFO	RMATION				
Type of Membership	MEME Regular \$20		RMATION Student \$5		Couple \$30	Reduced/ M	filitary \$10 🗌
	Regular \$20 [Student \$5	ng the contact informat			filitary \$10 🗌
Membership First	Regular \$20 [Student \$5	ng the contact informat Last Name			filitary \$10 🗌
Membership	Regular \$20 [Student \$5	Last			filitary \$10 🗌
Membership First Name Email	Regular \$20 [bership ONLY. Please fill o	Student \$5	Last Name Phone	ion of the additional men	nber(s)	
Membership First Name Email	Regular \$20 For (\$30) Couples Mem	bership ONLY. Please fill o	Student \$5	Last Name Phone	ion of the additional men	nber(s)	
Membership First Name Email	Regular \$20 For (\$30) Couples Mem	bership ONLY. Please fill o	Student \$5	Phone Phone	ion of the additional men	nber(s)	
Membership First Name	Regular \$20 For (\$30) Couples Mem	bership ONLY. Please fill o	Student \$5 out the area below using the area b	Phone Phone	207. Make checks pa	nber(s)	