

MEMBERSHIP APPLICATION

SAMUEL FULLER SCHOOL MEMBERSHIP APPLICATION

Name: _____

Address: _____

Contact Information:

E-mail: _____

Home phone: _____

Cell phone: _____

Business phone: _____

Are you in full agreement with the Purpose (Article II) and the Statement of Faith (Article III, Section 1) of the Corporation?

Yes _____

No _____

Are you a member in good standing of a church that agrees with said Statement of Faith?

Yes _____

No _____

Name of Church: _____

Church Address: _____

Pastor's Name: _____

Pastor's Telephone Number: _____

Enclosed please find my donation to Samuel Fuller School in the amount of _____.
(Please make check payable to "Samuel Fuller School, Inc.")

Signature