



*Defending Life from  
Conception to Natural Death*

**MEMBERSHIP - VOLUNTEER FORM**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE#** \_\_\_\_\_ **CELL PHONE#** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**ANNUAL MEMBERSHIP DUES: SINGLE ( ) \$15.00 or FAMILY ( ) \$25.00**

**METHOD OF PAYMENT: CASH ( ) CHECK ( ) CHECK NUMBER** \_\_\_\_\_

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**VOLUNTEER COMMITTEES – INTERESTS/TALENTS:**

- ( ) FUNDRAISING ( ) PUBLICITY ( ) NEWSLETTER ( ) WEBSITE
- ( ) LEGAL ADVISOR ( ) LEGISLATIVE ( ) COMPUTER ( ) VIDEO ( ) MEDIA
- ( ) HOSPITALITY ( ) EVENTS ( ) MUSICAL TALENT
- ( ) SPEAKER (TEENS/ADULTS) ( ) ACCOUNTANT ( ) VOTER REGISTRATION
- ( ) PRECINCT COMMITTEEMAN ( ) LOBBYIST
- ( ) OTHER Explain: \_\_\_\_\_