

**CIRCLE OF FRIENDS MEMBERSHIP FORM**

INCLUDE DUES PAYMENT -\$25.00 – **CHECKS ONLY PLEASE - NO CASH** - PAYABLE TO CIRCLE OF FRIENDS

**Mail to Circle of Friends Membership  
P.O. Box 374 – Colleyville, TX 76034**

For information, please contact us: [cofmembership@gmail.com](mailto:cofmembership@gmail.com)

**CIRCLE OF FRIENDS 2011 MEMBERSHIP FORM**

Indicate: NEW MEMBER \_\_\_\_\_ or RENEWING MEMBER \_\_\_\_\_

NAME: \_\_\_\_\_ Spouse's Name \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT.# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

BUS/OFC/FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Please indicate if all info above is to be listed in directory.

Check OK to list: O.K. \_\_\_\_\_ or NO don't list \_\_\_\_\_

(Indicate which to exclude if any) \_\_\_\_\_

\* \* \* \* \*

Check Yes \_\_\_\_\_ here if you are NOT joining but prefer making a donation only to COF.  
Amt. \_\_\_\_\_

\*New members will be contacted by the Membership chairman

[www.COFmidcities.org](http://www.COFmidcities.org)

a 501-c3 organization



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Contact us: [cofmembership@gmail.com](mailto:cofmembership@gmail.com)

Thank you for your support!