



MEMBERSHIP SUBMISSION FORM

NAME: _____ SPOUSE: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
HOME PHONE: _____ OFFICE: _____ CELL: _____
E-MAIL: _____

Provide work or professional experience, organization or board memberships: _____

Provide previous volunteer or fundraising experience (i.e. chaired gala, chaired committee, capital campaign, Jr. League President, etc.) _____

Do you have a special skill you would like to contribute (i.e. photography, graphic artist, website design, writing/editing, financial or legal services)? _____

Committee Preferences: (Committee listings available online at www.starchildrens.com)

1. _____
2. _____
3. _____

FINANCIAL COMMITMENT: Active Membership annual dues are \$500

- Yes, I/we have read the Membership Requirements
(Annual dues must be paid by December 31st each year)

METHOD OF PAYMENT

- Check enclosed. Please make checks payable to: **Star Children's Charity**
- Please bill my credit card: Card type: Visa _____ MC _____ AmEx _____

Name as it appears on card: _____

Account Number: _____

Expiration Date: _____

FAX COMPLETED FORM TO: 972.788.1988 For additional information or any questions please contact Marlene Kamholz, 972.943.3344 marlene@starchildrens.com