



MEMBERSHIP FORM

First Name: _____

Last Name: _____

Husband's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Invitations Addressed to:

- Mr. & Mrs.
- Mrs.
- Other: _____
- Dr. & Mrs.
- Ms.

I am interested in working on: Monuments Luncheon Holiday Cards

I have special skill in: _____

- Membership Type:** **New** **Renewal**
- Membership Level:**
- Angel = \$100
 - Caregiver = \$75
 - Member = \$45
 - Angel = \$100
 - Caregiver = \$75
 - Member = \$45
 - Charter = \$250

Please make check payable to A.W.A.R.E or pay by credit card:

- Credit Card Type:**
- American Express
 - MasterCard
 - Visa

Name on Card: _____

Card Number: _____ Exp. Date: _____

Amount to be Charged: _____

Signature: _____

Return form and payment to:
A.W.A.R.E.
7371 Atlas Walk Way #614
Gainesville, VA 20155