



1005 Campbell Street • Valparaiso, Indiana 46385 • (219) 464-9736

Membership Form

Name of individual / organization _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell Number _____

Email _____

I wish to receive the newsletter by regular mail yes ____ or no ____

I wish to receive the newsletter by email yes ____ or no ____

I'm interested in volunteering yes ____ or no ____

Basic Membership fee is \$ 5.00 paid by check ____ or cash ____

If you wish to donate more to the organization check yes ____

Information will be sent later about how donations will be accepted.

Thank you

Bruce H. Lindner

Executive Director