

MEN OF LETTERS FOUNDATION MEMBERSHIP/RENEWAL FORM

TITLEM	r Mrs Miss Ms	
NAME		
ADDRESS I		MAIN TELEPHONE
ADDRESS 2		HOME TELEPHONE
OWN/CITY		MOBILE PHONE
ZIP CODE		PRIMARY EMAIL
ROFESSION		SECONDARY EMAIL
	*Star th	e e-mail and phone number you
CTION 2: MEMB	ERSHIP TYPE AND PAYMENT DETAIL	
		MEMBERSHIP F
EMBER TYPE	DESCRIPTION	DUES (Annual)
UNTER	Full Membership	FREE
GACY	Regional/District Manager	\$100
XECUTIVE	Founder/Board Member/Chapter Director	\$200
	Gold/Annual-Website Advertisement/Event Participation	n \$500
ONSOR	Silver/Annual-Website Advertisement	\$250
	For Membership descriptions see website www.menoflettersfoundation.org	
AYMENT METHOD		e Payment
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CTION 3: MEMB	ER INFORMATION	
Vould you like to recei	ve MOLF membership information?	Yes No
	in other non-profits:	Yes No
e you willing to volur	teer at local/regional events?	Yes No Possi
	ted as a resource in your region and aid those in ne	ed? Yes No
re you willing to be its		

<u>Please e-mail your application to membership@menoflettersfoundation.org</u>

Once we receive your application, you will receive an invoice to be paid in full. If you need to send us a check, please make a note in the e-mail you send us with your application and we will reply with he mailing address.