



Founders Fellowship

Personal Membership Application

I hereby apply for membership in Founders Fellowship:

Your Name (as you wish it to appear in our **database**) _____

Mailing Address

Street City ST ZIP+4

E-mail _____ Telephone _____

State your name EXACTLY as you wish it to appear on your membership certificate:

 Name of Qualifying Society/Organization:

 Date you joined Qualifying Society/Organization: _____

Your membership number: _____

I am the Qualifying Society/Organization's (tick only **one**, making sure it is the appropriate box):

☐ Founder

☐ Co-founder

☐ Reorganizer

I certify the above information is true and correct.

 Date Signature of Founder

Mail or e-mail your completed form to:

Jane R. Power, President
 Founders Fellowship
 2705 Country Valley Road
 Garland, TX 75043-1119

FFHelp@aol.com

(Do not write below this line)

Date received _____

☐ Yes ☐ No Applicant's Name is listed on Society/Organization sheet

Date Invitation issued _____ Response received _____

Fee paid _____ Member number _____

Star/Certificate/Letter sent _____