



Membership Application

Please complete and return with your check, or visit us securely online at aberdeenpap.org and use your credit/debit card. Thank You!

Date _____

New Member (\$40) Renewal (\$40) Life Member (\$300)

Name _____ Birthday MM/DD _____

Address _____

Local Phone _____ Cell Phone _____

Aberdeen Resident: yes no Community _____

Email _____

Northern Address (if applicable) _____

Spouse or Partner's name _____

Are you available for daytime meetings, evening meetings?

If you would like to be more active and work with wonderful and dedicated volunteers, please indicate below what areas interest you and what expertise you may have that would be of great benefit to the organization.

Membership

Fundraising

Computer skills (please indicate proficiency in specific software, i.e. excel, word, photoshop, etc.)

Facebook

Other _____

Please make checks payable to **The Pap Corps**. Mail or deliver application(s) with enclosed check to:
Karen Frent, 8241 Desmond Drive, Boynton Beach, FL 33472

If you have any questions, please call Anita Lippert at 561-509-8723.
Thank you for your support!