

FRIENDS OF FAIR ACRES MEMBERSHIP
(Membership year, September-August)

Please Print

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE_(_____)_____ email address _____

Do you have a resident at Fair Acres? Yes No

Name of resident: _____

Please mark the activity (-ies) in which you'd like to participate:

Through Fair Acres Volunteer Department:

- Crafts
- Entertainment
- Friendly Visitor Program
- Gift Shop
- Second Language
- _____
- Secretarial Services
- Spiritual Services
- Trips/Outings with Residents

Friends of Fair Acres Activities:

- Assisting with Bingo
- Baking
- Selling Chances
- Telephoning

\$ _____ Family Membership \$10.00 per year
\$ _____ Individual Membership \$ 5.00 per year
\$ _____ Additional Donation
\$ _____ **Total enclosed**

Please forward your check, made out to FRIENDS OF FAIR ACRES, to:
Friends of Fair Acres
Attn: Treasurer
Fair Acres Geriatric Center
340 N. Middletown Road
Lima, PA 1903