

FRIENDSHIP FORCE OF KANSAS

MEMBERSHIP APPLICATION

Name/s: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Please deliver my newsletter: by email _____ by regular mail _____

Single (\$30) _____ Family (\$45) _____

Make Check Payable to: Friendship Force of Kansas and mail to:

Dean Pressnall
2211 Bella Vista
Wichita, KS 67203