

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 (\$28) \_\_\_\_\_ Family (\$35) \_\_\_\_\_

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

Harold Harp  
22 Douglas Parkway  
Wichita, KS 67206