



MEMBERSHIP FORM

Family Name: _____

Address: _____

Phone Numbers: _____

Email: _____

Family Member Information:

	First Name	Last Name	Gender	Birthdate
Parent				
Parent				
Child				
Child				
Child				

		Amount Enclosed
Membership Dues	<input type="checkbox"/> Family \$50 <input type="checkbox"/> Individual (over 21) \$25	
Peace Education Fund Scholarship and program endowment	<input type="checkbox"/> \$500 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> Other	
Additional contribution to Cincinnati CISV	Any amount will be greatly appreciated!!!	
Total Enclosed		

Employer matching program: ____ Yes ____ No

All members are encouraged to become active. Please indicate your areas of interest:

- | | | |
|---|--|---|
| <input type="checkbox"/> Youth (Junior Branch) | <input type="checkbox"/> Selection of Participants | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Peace Education Activities | <input type="checkbox"/> Help with local programs | <input type="checkbox"/> Administrative tasks |
| <input type="checkbox"/> Risk Management | <input type="checkbox"/> Web Management | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Chapter Store | <input type="checkbox"/> Art/Photography |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Food/Entertainment | <input type="checkbox"/> Membership Committee |

**PLEASE MAKE CHECKS PAYABLE TO "CISV" AND RETURN TO
Jeffrey S. Goodman, CISV Treasurer, 455 Delta Avenue, Suite 102, Cincinnati, OH 45226**