



Information Form for new members, renewing members, sponsors and donors who prefer not to use our online Information Form and PayPal payment system.

Your Name: _____

Mailing/Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

If this is a family membership, please list the names and email addresses of any additional (family) members:

<i>Names</i>	<i>Email</i>
_____	_____
_____	_____
_____	_____

Please mail your check with this completed form to:

FOLFAN
P.O. Box 257
Orangevale, CA 95662