

# Fox Island Alliance Membership Application

**Mail completed form to:**

Ed Powers  
FIA Membership  
12206 Yoder Rd.  
Roanoke, IN 46783

**Make checks payable to:**

**FIA, Inc.**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Night Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Please check one:**

- |                                     |      |
|-------------------------------------|------|
| <input type="checkbox"/> Senior     | \$5  |
| <input type="checkbox"/> Student    | \$5  |
| <input type="checkbox"/> Individual | \$15 |
| <input type="checkbox"/> Family     | \$20 |
| <input type="checkbox"/> Sustaining | \$30 |
| <input type="checkbox"/> Patron     | \$50 |

**Additional Contributions:**

- |   |          |
|---|----------|
| <input type="checkbox"/> Exhibit Fund     | \$ _____ |
| <input type="checkbox"/> Education Fund   | \$ _____ |
| <input type="checkbox"/> Scholarship Fund | \$ _____ |

**Additional Instructions:**

- This is a gift from: (Print your name here) \_\_\_\_\_
- I am interested in volunteering. Please contact me.
- I would like to receive the Fox Tale newsletter via email to the address listed above