SEND THIS FORM WITH COMPLETED INFORMATION AND APPROPRIATE FUNDS New Member-one year* (INFO IS FOR CLUB USE ONLY AND IS NOT SHARED WITH OTHERS) Individual \$30 Family \$40 Name _____ Nickname _____ Includes monthly Newsletter Address and member pin City _____ State ___ Zip ___ Country ____ * A member year is June-May Home # _____ Cell # _____ Renewal Individual \$25 Family \$35 E-mail (for Newsletter Delivery) Birthday (month/day) Mail form and check made For Family Memberships (add Second Adult): payable to Fagowees to: Name ______Nickname _____ Fagowees International Washington Branch Home #_____ Cell #_____ PO Box 22516 Alexandria, VA 22304 E-mail ______ Birthday (m/d))_____ How did you hear about The Fagowees?