



PEARR

PROFESSIONALS EDUCATING & ADVOCATING RESPECT IN RELATIONSHIPS
AN AUXILIARY OF WOMEN IN DISTRESS OF BROWARD COUNTY, INC.

MEMBERSHIP APPLICATION 2007-2008

NEW RENEWAL

DATE: _____

CONTACT INFORMATION

NAME _____ HOME PHONE _____

COMPANY _____ WORK PHONE _____

ADDRESS _____ CELL PHONE _____

CITY _____ EMAIL _____

STATE _____

ZIP _____

PREFERRED CONTACT METHOD
(Please Check One Above)

INTERESTS - Please check all that apply

FUNDRAISING MEMBERSHIP ACTIVITIES/EVENTS MARKETING/PR

OUTREACH/ADOPT A SHELTER SPONSORSHIP/DONATIONS OTHER TALENTS AND INTERESTS _____

EXPERIENCE - Please indicate other past and present non profit involvement

NON PROFIT _____ NON PROFIT _____

NON PROFIT _____ NON PROFIT _____

MEMBERSHIP

INDIVIDUAL \$35 VIP \$100 LIFETIME* \$1,000 CORPORATE \$5,000 STUDENT \$25

PAYMENT

CASH CHECK # _____ OR VISA MASTERCARD AMERICAN EXPRESS

CARD # _____ EXP ____/____

Thank You for Your Membership!

PLEASE MAIL YOUR APPLICATION TO:
PEARR
PO Box 728
FORT LAUDERDALE, FL 33302

PLEASE DO NOT INCLUDE ME IN THE MEMBERSHIP DIRECTORY.

**Lifetime Membership is non-transferrable.*