

The Lafayette Society

Membership Application

I would like to **renew my membership** or **join as a new member** at the following giving level:

___ Individual \$15 (*\$10 for student or active duty military*)

___ Family \$30 (*\$20 for student or active duty military*)

___ Friend \$50 ___ Donor \$100 ___ **Founder \$250 (*In honor of Martha Duell*)**

Membership (from above).....=_____

Additional donation.....=_____

Total enclosed.....=\$_____

Name _____

Street Address _____

City, State, Zip Code _____

Phone _____

E-mail _____

If this is a family membership, please list additional names and relationship:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

(Continue on reverse, if needed.)

Make checks payable to the Lafayette Society and mail to:

Lafayette Society
PO Box 43712
Lafayette Station
Fayetteville, NC 28309

Merci!