



MEMBERSHIP

FORM

Please print & mail completed application, with your donation to:

FSA
355 S. Arthur Avenue
Pocatello, ID 83204

FAMILY
SERVICES
ALLIANCE
of Southeast Idaho

Your membership supports the variety of services we offer to promote safe and healthy Southeast Idaho Families

Name _____

Address _____

City _____ State, Zip _____

Phone _____ Fax _____

Email _____ Date _____

FSA Annual Membership Options

- | | | | |
|--|-------|--|--------|
| <input type="checkbox"/> Contributing Member | \$25 | <input type="checkbox"/> Sustaining Member | \$50 |
| <input type="checkbox"/> Friend of FSA | \$100 | <input type="checkbox"/> FSA Sponsor | >\$100 |

Comments: _____

Signature _____

Please call 232-0742 for endowment/planned giving opportunities!