



Website Printable Membership Application

Please select the membership that meets your needs below. Write in the quantity and amount. Print and mail form along with your check to the Treasurer. No membership is effective until accepted by the association.

Make check or Money Order payable to Folsom Family Association of America

NAME: _____ BIRTHDATE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

QUANTITY	TYPE	DESCRIPTION	PRICE	TOTAL
	Individual	Individual Membership carries voting rights in the association and entitles you to all benefits thereof	\$15.00 Annually	
	Family	Family Membership carries one vote and includes the member, spouse and all children age 18 or under.	\$25.00 Annually	
	Life (Under 50)	Life Membership carries one vote and includes the member only. For those under 50 years of age. Can be paid in installments using coupons or with one payment	\$300.00	
	Life (Age 50 to 60)	Life Membership carries one vote and includes the member only. For those between 50 and 60 years of age. Can be paid in installments using coupons or with one payment.	\$200.00	
	Life (Over 60)	Life Membership carries one vote and includes the member only. For those under 60 years of age. Can be paid in installments using coupons or with one payment.	\$100.00	

Please make check or money order payable to Folsom Family Association of America, Inc. and mail to our treasurer along with this form.

TOTAL

Folsom Family Association of America, Inc.
 % Charles H. Folsom
 434 Southfield Road
 Shreveport, LA 71106-2214

The membership year runs from July 1st through the following June 30th. For Family Memberships please list names and birthdates of **all** family members. **Life Membership can be paid in monthly installments.** Foreign members please remit in US Dollar funds. Please feel free to list all names, birthdates, along with any additional phone numbers and emails on the reverse side of application. Thank You.

Note(s) _____

