



Membership Form

Mission: To reduce falls in our senior population through awareness, education and access to effective prevention programs and resources.

***Membership Fees:** _____ nonprofit organizations (\$25 per year)

_____ for profit organizations (\$50 per year)

***Up to 2 members of the same organization can join for the fee listed above
(please make checks payable to “SFPCPC” and send with this completed form)**

MEMBER #1 Name /Title: _____

(please print)

Agency/Organization: _____

Address/PO Box: _____

City, State, Zip: _____

Phone Number (s): _____ Fax Number: _____

E-mail Address: _____ Website: _____

Member Signature _____ Date _____

MEMBER #2 Name /Title: _____

(please print)

Agency/Organization: _____

Address/PO Box: _____

City, State, Zip: _____

Phone Number (s): _____ Fax Number: _____

E-mail Address: _____ Website: _____

Member Signature _____ Date _____

Make checks payable to “SFPCPC”(nonprofit fee = \$25 per year and for profit fee = \$50 per year)

Please return this Form and Fee to:

Clay McQuerry
Rebuilding Together Clay County
2050 Plumbers Way, #150
Liberty, MO 64068

Any questions, contact Clay at: 816.781.8985 or rtclaycounty@att.net