



New Member Information

Adult #1

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Preferred Phone: _____

Cell Landline Work

E-MAIL _____

- Please add my name/e-mail address to the Fabrangen members-only listserv
 - Please add my name/e-mail address to the weekly Coordinator's Announcement Email
-

Adult #2

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Preferred Phone: _____

Cell Landline Work

E-MAIL _____

- Please add my name/e-mail address to the Fabrangen members-only listserv
 - Please add my name/e-mail address to the weekly Coordinator's Newsletter
-

Children

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____