

NEWMS P.O. Box 442 **Belden, MS 38826**

Contact: Denise Kennedy-Brown 1.833.433.6253 info.newms@gmail.com

Individual Membership Form

DI EASE DRINT CLEARLY

Date:	PLEASE	PRINT CLEARLY	
Name:			_
Address:		City:	
Zip:	Phone :		
E-mail:			_
Who asked you to join N	EWMS?		
Would you like to sign up	on our Volunteer list, so	you will know about op	portunities? YES NO
Paid By (Check One):	Check CK #:	Card/On-line_	
you send applicati	ion in via email at: info EATE Foundation, Inc. a ership level with a "X" in Frie	nnewms@gmail.com and reference NEWMS	6M, etc Membership and membership and include form ircle Heading".
 You will be included 	in the email network via our email network are Fre	ee. Other classified ads are \$	10 each.
		ther - \$100 or more	
 You will be included Job opportunity ads Your membership fu \$60 Fairy Godmothe Endowment Fund ar Would you like Additional Membership	ebsite as "Friend" member in the email network via our email network are Freunds will be utilized as follows: er fund. For contributions of mind balance to Fairy Godmothe to be involved more in	: \$30 Membership (Friend), \$ fore than \$100, \$30 Members for Fund. the Fairy Godmother P	10 Endowment Fund, ship (Friend), 10% Program? YES NO f Friend Membership.
	erently, your membership v Endowment Fund(ensurin		<u>-</u> '
\$500 Patron	\$1,000 Grand Patron	\$5,000 Benefactor	\$10,000 Grand Benefactor

NEWMS is a CREATE Foundation Special Project.

Please visit our website at: www.newms.info

OFFICE USE: RENEWAL MONTH/YEAR:_