



# friendship force

S O U T H E R N N E W J E R S E Y

## MEMBERSHIP APPLICATION / RENEWAL FORM

January 1 – December 31, 2020

(Please fill this out completely even if you have done this before. We are updating our database records. Thanks.)

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Address \_\_\_\_\_ Phone (W) \_\_\_\_\_

\_\_\_\_\_ Phone (C) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ E-mail \_\_\_\_\_

You may send my contact information to Atlanta Yes \_\_\_\_\_ No \_\_\_\_\_

Age \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_

Occupation or former occupation, if retired \_\_\_\_\_

Interests, Hobbies and Talents \_\_\_\_\_

Languages Spoken \_\_\_\_\_

Previous Exchange Activities \_\_\_\_\_

How did you learn about Friendship Force? \_\_\_\_\_

What are your expectations for your involvement in Friendship Force? \_\_\_\_\_

### I am available for these jobs:

Home Hosting \_\_\_\_\_ #of Bedrooms \_\_\_\_\_ # of Beds \_\_\_\_\_ Type of beds: King \_\_\_\_\_ Queen \_\_\_\_\_ Double \_\_\_\_\_ Twin \_\_\_\_\_

I have Pets \_\_\_\_\_ I smoke \_\_\_\_\_

Day Hosting \_\_\_\_\_ Driving \_\_\_\_\_ Phoning \_\_\_\_\_ Computer/Web Site/Database \_\_\_\_\_ Greeter \_\_\_\_\_

### I am interested in serving on these Committees: *(Please checkmark any Committees in which you are interested.)*

- |                              |                                     |
|------------------------------|-------------------------------------|
| _____ Journey Committee      | _____ Newsletter/Web Site Committee |
| _____ Fund-Raising Committee | _____ Outreach Committee            |
| _____ Handbook Committee     | _____ Photography Committee         |
| _____ Hospitality Committee  | _____ Program Committee             |
| _____ Membership Committee   | _____ Publicity Committee           |

Dues Enclosed: Membership	\$30.00	_____
Optional: Donation to Club (FFSNJ)		_____
 New Name Tag	 \$12.00	 _____
 TOTAL		 _____

I need a Nametag \_\_\_\_\_ Free for new members; (\$12.00 charge for replacement)  
Name on Tag to read (Please Print)

MAKE CHECK TO: Friendship Force of Southern NJ  
SEND TO: Ms. Robbie Thornton, Membership Chair  
2505 Shurlock Court  
Mount Laurel, NJ 08054 USA

SIGNATURE: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

New Members who join in October, November or December 2019, will receive a full year for 2019 & 2020

