

**International Foundation for Revitalization, Empowerment,
Education, and Development
(I-FREED)**

Membership Application Form

Name

First _____ Middle _____ Last _____ Gender M F

Address

No. and Street _____ City _____ State _____ Zip Code _____

Telephone

Day Time _____ Evenings _____ Fax. _____
() - () - () -

Email Address

Primary _____ Alternate _____

Best way to contact

By Phone By Email By Fax

How would you Like to Participate in I-FREED *(Please check all applicable items)*

- | | |
|--|---|
| <input type="checkbox"/> Volunteer to Participate in Projects | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Financial or Other Contribution to Project(s) | <input type="checkbox"/> Technical Support |
| <input type="checkbox"/> Assist in Membership Drives | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Fundraising | _____ |

Type of Membership

Please check only one box

Membership Category	Annual Dues
<input type="checkbox"/> Regular - Individual or Family	\$ 120.00
<input type="checkbox"/> Life - Individual or Family	\$ 1,200.00
<input type="checkbox"/> Student - Individual or Family	\$ 60.00
<input type="checkbox"/> Senior Citizens	Free
<input type="checkbox"/> Honorary	Free
<input type="checkbox"/> Affiliate Corporate Member	\$ 300.00

For Official Use only

Membership Number

Date of Membership

Signature _____

Date _____

Notes

1. Please mail your application form and check to I-FREED, 15514 Turtle Oak Court, Houston, TX 77059.
2. Please make your check payable to I-FREED.
3. Please allow 3 weeks for processing and for the receipt of your membership card.
4. If you have any questions, please visit I-FREED web site at www.i-freed.org or email at mail@i-freed.org.