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FACE - Fathers' and Children's Equality, Inc.

MEMBERSHIP APPLICATION

Date _____ New Member Renewal Contribution Amount enclosed \$ _____

Regular membership \$100.00 per year "Pay It Forward" membership \$180.00 per year

Patron membership \$300.00 per year Life Membership \$1,000 or more in one year

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Residence County: _____ Date of birth: _____

Phone: _____ Land Line, Mobile, Other _____

Phone: _____ Land Line, Mobile, Other _____

Email address: _____

Social Networking (Facebook, Instagram, LinkedIn, Twitter, etc.):

Are you registered to vote? Yes No

If not registered, are you eligible to vote? Yes No I don't know.

FACE may use my name as a supporter for legislative purposes (PLEASE CHECK)

How did you learn of FACE? _____

I have _____ child(ren). My youngest child's date of birth is: ____/____/____

My child(ren) spend _____ overnights with me weekly, bi-weekly, monthly, annually.

Jurisdiction in my case is in: County: _____ State: _____

Judge(s) with whom I have had personal experience include:

Judge: _____ County: _____

Judge: _____ County: _____

Judge: _____ County: _____

Lawyer(s) with whom I have had personal experience include:

Name: _____ City & State: _____

Name: _____ City & State: _____

Name: _____ City & State: _____

Mental health professionals with whom I have had personal experience include:

Name: _____ City & State: _____

Name: _____ City & State: _____

Name: _____ City & State: _____

Please print, fill out, and mail this application with your check or money order payable to:

FACE
P.O. Box 3302
Cherry Hill, NJ 08034