



Friends of Sunbeam Membership Application

As a member I will support the mission of Friends of Sunbeam and Sunbeam Family Services.

Name _____

Address _____

Home Phone _____

My interests are (mark all that apply):

Help with holiday and special occasion gift-giving and donations

Serve on a committee

I wish to volunteer with:

Children

Teen moms

Foster families

Senior citizens

Enclosed is my donation to Friends of Sunbeam (FOS) for \$25. Return this form and your donation to Membership Chair:

Diana Harden, Membership Chair
3047 NW 160th Street
Edmond, OK 73013

Signature _____ Date _____

Sponsoring member _____

Membership Chairman

President