



**“Growth through Giving”**

PO Box 696 Maynardville, TN 37807

**Membership Form [Dues: \$25.00]**

**Check one:**

**Individual**\_\_\_\_\_

**Business**\_\_\_\_\_

**Name of Membership**\_\_\_\_\_

**Physical Address:**

\_\_\_\_\_

**City**

**State**

**Zip**

\_\_\_\_\_

**Mailing Address if different from above:**

\_\_\_\_\_

**City**

**State**

**Zip**

\_\_\_\_\_

**Contact Name**\_\_\_\_\_

**E-mail**\_\_\_\_\_

**Primary phone**\_\_\_\_\_

**Alternate phone**\_\_\_\_\_

**Fax #** \_\_\_\_\_

**Text messages to #**\_\_\_\_\_

**Website**\_\_\_\_\_

**Sponsored by**\_\_\_\_\_