



MEMBERSHIP FORM

Name: _____

Home Address: _____

Home Phone: _____

Email: _____

Business Name: _____

Business Address: _____

Business Phone/Fax: _____

Please send all correspondence to: HOME WORK

I would like to be involved in the Lucky7 leadership committee and/or help in coordinating events: YES NO

Membership Dues: \$35 per person/ \$50 per couple

Please send this completed form with a check made payable to ATSC or complete the credit card information below to:

ATSC/Sharon Paisley
440 W. First Street, #101
Tustin, CA 92780
714-730-5683 Fax 714-730-6694
Email: cnetro@atsc4kids.org

Credit Card # _____

Expiration Date _____

Signature _____