



Printable Program/Membership Registration Form

Please complete and mail or FAX to the number or address above.

Name(s): _____

Street: _____ City, State, Zip: _____

Phone: _____ Email: _____

How did you hear about us? _____

| Class Title(s) and Dates: | Amount Due |
|---------------------------|------------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| 4. _____ | \$ _____ |

Are you currently a member of Evergreen? _____ Yes _____ No

Would you like to join or renew your membership? If so, please circles the level of membership desired below.

| | One Year | Two Years | Three Years | _____New _____Renewal |
|------------|----------|-----------|-------------|-----------------------|
| Individual | \$50 | \$95 | \$140 | |
| Family | \$75 | \$135 | \$210 | |
| Student | \$25 | | | |

Health & Wellness Consultation Membership \$125 **Membership Dues:** \$ _____

Optional donations to support Evergreen in delivering our mission:

Annual Campaign: \$ _____

Scholarship Fund: \$ _____

TOTAL amount: \$ _____

Payment Method: _____ Check (payable to Evergreen CBL)

_____ Visa _____ MasterCard _____ Discover Card # _____

Expiration Date: ____/____/____ 3 digit security code on back of card : _____

Signature: _____

Find your Sanctuary