

Tipton Family Association of America

Membership Request Form

Date: _____

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Email Address: _____

Mail your completed Membership Request Form and indicate your method of payment and amount donated below. \$25 is the suggested annual donation fee; some members donate more, some less. Any amount is appreciated and will help support the continuation of TFAA for another year.

If you are sending your donation by personal check (make it payable to "Kathy Hoffmann, TFAA") and write "Family Dues" in the memo section.

If you prefer to pay by PayPal or credit card, go to the TFAA website: <http://TiptonFamilyAssociationofAmerica.com> scroll down until you see the "Donate" button; click button and find instructions for payment by either of these methods.

Mail your completed Membership Request Form to: TFAA, c/o Kathy Hoffmann, 7132 Emily Drive, Fort Myers, FL 33908

I am enclosing my Membership Request Form and personal check for \$ _____

I am mailing my Membership Request Form and have made my annual donation fee of \$ _____ through:
 PayPal® or Credit Card