



Membership Form

Membership level: *Please check a box, and write the amount under Membership fee.*

Individuals

- \$25 Low income
- \$50 Classic
- \$100 Supporter

Communities

- \$50 (25 members or fewer)
- \$100 (more than 25 members)
- \$200 Supporter

Organizations

- \$50 Classic
- \$100 Supporter

Membership fee: \$ _____

Feel like giving more? You can make an additional tax-deductible donation to supplement your membership.

Donation amount: \$ _____

TOTAL enclosed: \$ _____

PAYMENT METHOD:

- Check (enclosed; US banks and US dollars only; payable to "FIC")
- Credit Card (Circle One): Visa MC Discover American Express

Name and Billing address, if different from below:

 Credit Card# _____ Expiration date: _____/_____
 Signature: _____

MEMBER CONTACT INFORMATION:

Member Name/Contact Person: _____

Community or Organization (applies to Communities and Organization membership categories only):

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary E-mail Address: _____

Secondary E-mail Address: _____

Primary Telephone: _____

Secondary Telephone: _____

- Sign me up for FIC's free twice-weekly eNews!
- Please don't share my name and address with other like-valued organizations.

Please mail this form to FIC, 138 Twin Oaks Rd, Louisa, VA 23093. Thank you!