

Flathead Valley Alliance

PO Box 2815
Kalispell, MT 59903
Ph: (406) 758-6707

MEMBERSHIP INFORMATION SHEET

This information will be used for FVA's administrative purposes only. It will not be shared with any other organization or entity unless you give us permission otherwise.

NAME: _____ PARTNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

THANK YOU FOR JOINING THE FVA!

Membership dues are prorated to expire January of each year.

___ Individual \$1.00 per mth ___ Partnered \$1.50 per mth = \$ _____

I wish to be informed of future events by: (please check one)

___ Mailed Newsletter ___ Emailed Newsletter In PDF Format ___ Telephone

I would like to help our GLBT organization with: (check all that apply)

___ Decorating ___ Music DJ ___ Newsletter Stories ___ Activity Planning

___ Telephone Committee ___ Other, Please Specify _____