



The Friendship Force of Sacramento

www.ffiisacramento.org



2017 Membership Form

*** PLEASE PRINT CLEARLY ***

(1) _____
Last Name First Name (nickname)

(2) _____
Last Name First Name (nickname)

_____ Address City Zip

() _____
Phone Email address (PLEASE print EXACT)

(1) Occupation or *previous occupation if retired*: _____ Retired? Y - N

(2) Occupation or *previous occupation if retired*: _____ Retired? Y - N

(1) Foreign Languages Spoken? • _____ • _____

(1) Hobbies or Special Interests? • _____ • _____

(2) Foreign Languages Spoken? • _____ • _____

(2) Hobbies or Special Interests? • _____ • _____

How did you hear about **The Friendship Force**? (1) Person? _____

(2) Club? _____ (3) Advertising? _____

Inbound Exchanges: (Day host: **Yes - No**) (Dinner host: **Yes - No**)

(Home hosting: **Yes - No**) (# of guest beds available? ___) (King__ Queen__ Double__ Single__)

Annual Dues (January to January): Payment enclosed: (___ \$35 per individual) or (___ \$65 per family)

**members joining after September 30th, will be considered paid through the following year.*

Total amt. enclosed: \$ _____ (Check # _____) Send to: **The Friendship Force of Sacramento**

c/o Ross Deter, Treasurer
4777 Monte Mar Dr.
El Dorado Hills, CA 95762

DATE: (mailed) _____ (other) _____

If any questions, please contact: Kathy DeBlonk, Membership Chair - (916) 988-2224
deblonk@comcast.net