



The Friendship Force of Sacramento

www.ffiisacramento.org



2020 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 EXACTLY)

(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? _____

How can you help?

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

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

Annual Dues: Payment enclosed: (___ \$40 per individual) or (___ \$75 per family)

Membership is good for one year from the date you join.

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

c/o Pat Ghiglieri, Treasurer

6049 Creekberry Way

El Dorado Hills, CA 95762

DATE: (mailed) _____ (other) _____

If any questions, please contact: Kathy Hart Membership Chair
916-988-8266 or membership@ffiisacramento.org