

# CL FIRES

## MEMBERSHIP/DONATION FORM

YES, (I)(WE) WOULD LIKE TO BE PART OF CL FIRES

New Member     Renewal Membership     Donation

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip Code \_\_\_\_\_

Phone# \_\_\_\_\_

EMAIL \_\_\_\_\_

CL FIRES Membership \$ \_\_\_\_\_

CL FIRES Renewal \$ \_\_\_\_\_

CLVFD Donation \$ \_\_\_\_\_

Designated Donation (Headsets) \$ \_\_\_\_\_

YES, I WOULD LIKE TO VOLUNTEER!

Rummage Sale     Independence Family Fun Day

COMPLETE AND SEND TO:

CL FIRES

P.O. Box 113

Red Feather Lakes, CO 80545

