

Membership Application

I hereby apply for membership in the Jim Smith Society and understand the information included in this application may be used in the Society's newsletter.

Please fill out completely. Add blank pages if needed for full information.

Full Name:		Spouse/Partner:	Spouse/Partner:	
Address:				
City:		State:	Zip:	
Phone:	E-mail:	Web page:		
Please list your children	's names:			
GIFT MEMBERSHIPS : If complete name and add		Jim Smiths (relatives, fri	ends) please list their	
Full Name:	ll Name: Home Address:			
Birth date of Junior App (If you have other gift memberships	licant (under 10):			
Types of Memberships a	and costs for each are lis	sted below:		
Lifetime Society Membership: \$1		\$10.00 (USD)		
Junior Members	hip (under age 10):	\$3.00 (USD)		
Mail completed applicat	ion and check* (payable	e to the "The Jim Smith So	ociety") to:	
Jim Smith 1640 Elbur Ave. Lakewood, OH 4	4107-4732			
*OR you can Zelle the	proper amount to (704))-564-8040.		
,		ription for the first year. The r e last page of each newslette		
	For Jim Smith S	ociety Use Only		
Date Received:	Card No.:	Dues paid:	Pkg. mailed:	