

# Suffolk County Homefront, Inc

## 2008 Membership Form

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

\_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Veteran:** YES NO **If Yes, Branch of Service** \_\_\_\_\_

**Do you have any prior organizational experience?** YES NO

**If YES briefly describe** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Would you be interested in serving on a Committee?**

Membership

Fund Raising

Event Planning

Public Relations

**Do you have any skills or talents that you would be willing to share** \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*Please complete and return to: Suffolk County Homefront, PO Box 1, Ridge NY 11961\*\*\*\*\*