

PFLAG Triangle Membership Application

Please note if this is a renewal. _____

Your continued support of PFLAG's efforts of education, support, and advocacy are greatly appreciated.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-Mail address _____

Membership dues (please circle one):

Household Membership \$35.00

Student Membership \$15.00

Additional Donation _____

Amount Enclosed \$ _____

\$15.00 of each membership fee is allotted for National PFLAG Dues.

Make checks payable to PFLAG

Mail checks and membership form to:

PFLAG PO Box 16774
Chapel Hill, NC 27516-6774

Contributions to PFLAG are tax deductible to the full extent allowed by law.

Contact me for Volunteer Help _____