



# AMERICAN FRIENDS OF ELEM FLORIDA CHAPTER

## Mail-In Membership Form

I would like to join the American Friends of ELEM Florida Chapter

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

**Email:** \_\_\_\_\_

**How did you hear about ELEM?** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

My \$36 check for annual membership dues is attached.

Mail this form and make checks payable to:  
American Friends of ELEM  
121 W. 36 St. Suite 329 NY, NY 10018