



Make Check or Money Order Payable to: **Chris McNew**

Return Completed Form with payment to: **Chris McNew**  
**207 South Independence St Condo 9**  
**Tipton IN 46072**

Membership will be activated after payment clears

**MUST BE POSTMARKED BY DECEMBER 31, 2020**

***YOUR INFORMATION:***

Your Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**SPECIAL PRICE \$24**

Check Box if you want this to be Anonymous, otherwise the Gift Membership Announcement will show your name as the Giver

**Date you want Subscription to start** \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

***RECIPIENT'S INFORMATION:***

THEIR Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Facebook Email (if different) \_\_\_\_\_

**ALL INFORMATION MUST BE PROVIDED TO ACTIVATE MEMBERSHIP**

*Remember to Include Payment*