

MEMBERSHIP APPLICATION – Starfish Foundation

Name _____

Address _____

Phone _____

Email _____

Please make checks payable to: **Starfish Foundation Inc.**
Mail to: **2437 N Booth St, Milwaukee, WI 53212**

Want to pay for your dues online?
Visit www.starfishfound.org and click on the “Donate” button

_____ Please send me a receipt for my donation

I wish to help by doing the following (please check the applicable item(s)):

- _____ Staff Taking It Lightly / Healing Warrior Hearts Weekend
See registration pages at centerforcreativelearning.com or
healingwarriorhearts.org
- _____ Attend/volunteer for special fundraising events
- _____ Assist at resource tables and other outreach events
- _____ Other (tell us how you wish to support the Starfish Foundation)