



MEMBERSHIP APPLICATION FORM

"PFLAG (Parents, Families and Friends of Lesbians and Gays) promotes the health and well-being of gay, lesbian, bisexual and transgender persons, their families and friends through: support, to cope with an adverse society; education, to enlighten an ill-informed public; and advocacy, to end discrimination and to secure equal civil rights. PFLAG acts to create a society that is healthy and respectful of human diversity." PFLAG Mission Statement (www.PFLAG.org)

NAME: _____ Date _____

*Please list family members who support the mission of PFLAG and wish to be known members on the back of this form.

ADDRESS: _____

Phone: _____ Email: _____

Signature: _____

Your signature means you agree with and support the mission of PFLAG.

Do **NOT** include my information in the member directory

Membership levels:

(Please select one)

Red (individual) \$25

Orange (family) \$50*

Yellow (supporting) \$100

Green (sponsoring) \$250

Blue (benefactor) \$500

Violet (sustaining) \$1000

Bring your completed application with check made out to PFLAG Hamilton Bitterroot to our monthly meeting or mail to: PFLAG Hamilton Bitterroot, PO Box 202, Hamilton, MT 59840

PFLAGHamiltonBitterroot@yahoo.com

<http://pflaghiltonbitterroot.org>

Visit us on FaceBook

