



Membership Renewal

Please **PRINT CLEARLY** all information requested below

First name _____ Last Name _____

Spouse's name _____ Day phone (____) _____

Evening phone: (____) _____ Cell phone: (____) _____

Address _____

City, state, zip _____

E-mail address _____ **PLEASE!**

Renewal fee: **\$30.00** or
\$25.00/year if renewing for two or more
years at once.

Single or couple (worldwide)

PLEASE CIRCLE "SINGLE" or "COUPLE"!

**If you'd like to make an additional
(much appreciated) donation to the
FFS, put that amount here.**

US FUNDS ONLY

If paying by check, make payable to FFS and mail to FFS Membership Dept,
6900 Hunters Knl NE, Atlanta GA 30328-1763

If paying by credit card (we accept American Express, Discover, MasterCard and Visa) :

Credit card number _____

Expiration date: ____ / ____

Name on card: _____

If you'd rather, you can renew online at:
dues.fourfreshmensociety.com

Dues amount: _____
(\$30/\$50/\$75/,. etc.)

Donation amount: _____

Total amount: _____