

The Four Freshmen Society Inc.

Membership Application

Please **PRINT** all information requested below

First name _____ Last Name _____

Spouse's name _____ Home phone (____) _____

Work phone: (____) _____

Cell phone: (____) _____

Address _____

City, state, zip _____

E-mail address _____ **PLEASE!**

How did you learn about the Four Freshmen Society?

New Membership fee: **\$15.00**
Single or couple (worldwide)

PLEASE CIRCLE "SINGLE" or "COUPLE"!

US FUNDS ONLY

Make check payable to: **FFS**
Mail to: FFS Membership Dept
6900 Hunters Knl NE
Atlanta, GA 30328-1763

You can apply online at
join.fourfreshmensociety.com

If paying by credit card: Credit card number _____

Expiration date: ____ / ____ CVV code: ____

Name on card: _____