



Become a Member of In Your Shoes!

To become a member of *In Your Shoes* simply complete this form. Remember to include your contribution for a Voting Membership*. Mail your form/annual contribution to the address below.

Member Information

Name (Please Print) _____ Signature _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Fax _____ Email _____

*Voting Membership: _____ Members who annually contribute a minimum of \$50.00 (payable in installments), and also choose to participate in service projects.

Service Membership: _____ Members who donate their time and talents

In Your Shoes would like to thank you for making a difference in our Westborough community.

Please send form/contribution to: ***In Your Shoes
P.O. Box 19
Westborough, MA 01581
Attention: Membership***

~Please be sure to keep your contact information updated so that all *In Your Shoes* communications reach you.

~For more information, please email tgavinfam5@aol.com.

Office use only!

_____ Date Rec'd. _____ Initials _____ Check # _____ Cash