

## St. Louis Friends of Birthright Membership Form

Yes! I am interested in becoming a Friend of Birthright. Enclosed is my check for \$30.00 made payable to "St. Louis Friends of Birthright."

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- I am interested in working on a fund-raising committee.  
Please contact me.
  
- Please send me an invitation to all your events and a copy of your  
annual newsletter.

***Please mail this form and your check for \$30.00 to:***

St. Louis Friends of Birthright Membership  
c/o Main Office  
Suite 102  
2525 South Brentwood Blvd.  
St. Louis, MO 63144

