

Pride Alliance/Columbus

Name(s): _____

Address _____

Email: _____

Phone: _____(day/evening)

Annual Membership Dues

- ▽ Individual \$20
- ▽ Family \$35
- ▽ Student/Senior \$10
- ▽ Other \$__

(Give what you can. No one will be denied membership for giving less.)

Additional Contribution \$_____

Total Enclosed \$_____

Please make checks payable to & return to:

Pride Alliance of Columbus, Indiana, Inc.
P.O. Box 966
Columbus, IN 47202