



2019 SFA Temple Membership Form

ANNUAL DUES \$250.00 U.S. FUNDS



**Official Fundraising
Consultants for
Shriners International**

Date: ____ / ____ / ____ /
mm dd yy

Shrine Center Name: _____

Located at:

Street _____

City _____

State/Province _____ Postal/Zip _____

**We hereby request membership in the:
SHRINE CIRCUS AND FUND RAISING ASSOCIATION (SCAFRA)**

Each Temple Membership will receive: Members only
Information and The Fund Raiser (our quarterly newsletter).
SFA By-Laws provide "One Vote per Shrine Center"
Access to the forum and member only information on the
the official SFA website: www.shrinefundraising.com

Make Check payable to: SFA

**Send Check and form to:
Shrine Fundraising Association
Secretary/Treasurer
3197 Primrose Ln
Green Bay WI 54313**

Name of Voting Representative for 2019
(SFA recommends the Fund Raising Chairman be your Rep)

Name of Alternate Representative for 2019

Name: _____

Name: _____

Title: _____

Title: _____

Home Address: _____

Home Address: _____

City: _____ State/Prov: _____ Postal / Zip: _____

City: _____ State/Prov: _____ Postal / Zip: _____

Mobile Phone: () _____

Mobile Phone: () _____

Temple Phone: () _____

Temple Phone: () _____

E-mail: _____

E-mail: _____

Membership Payment Options:

Prices for Paying by Check:

- 1 Year Temple Membership \$250
- 2 Year Temple Membership (5% Off) \$475
- 3 Year Temple Membership (10% Off) \$675

Prices for Paying online:

- 1 Year Temple Membership \$257
 - 2 Year Temple Membership (5% Off) \$490
 - 3 Year Temple Membership (10% Off) \$696
- (Online payments fees are include included in the price)

Please Select Payment Method: Paying by Check:
(Include form with check)

Paid Online:
(If paying online please email this form to shrinefundraising@gmail.com)

Authorized Signature: _____

Title: _____

For office use only:

Date received: ____ / ____ / ____ /
mm dd yy

Temple Number: _____ SFA Number: _____

Office Notes: