

VOLUNTEER CONNECTION MEMBERSHIP

2010-2011 DUES = \$30

Date _____

Organization _____

Address _____

FAX _____

Each membership from an organization includes participation of 3 individuals.

1. Name _____

Title _____ Phone _____

Email _____

2. Name _____

Title _____ Phone _____

Email _____

3. Name _____

Title _____ Phone _____

Email _____

Mail this form and your \$30 check to:

Volunteer Connection

Attn: Ann Ludvigsen

c/o Seniors' Resource Center

3227 Chase St.

Denver, CO 80212