

SUPPORTING MEMBER RESPONSE

Name _____

Address _____

Telephone # (H) _____ Cell _____

E-mail _____ Facebook _____

- Basic annual membership.....\$50.00/individual: \$90.00/couple
- Additional, voluntary donation: \$ _____

Please check which applies:

_____ I am a current student/client

_____ I would like more information about your programs

_____ I would like to volunteer, please contact me

Suggestions / Comments / Feedback: _____

Mail this form along with your payment to:

Self Discovery Wellness Arts Center, P.O. Box 79, Montrose, PA 18801