

Karval Community



Alliance Membership

Contact Information

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Do you prefer to get the monthly minutes and announcements to your mailing address or email?

Comments: _____

Receipt for Membership and/or Dues: Paid— Cash Check# _____



New Membership: Individual Family Corporation

\$50 \$100 \$500

Renewal: Individual Family Corporation

\$10 \$20 \$100

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