



Membership Application/Information Form

Sustaining Member

_____ I enclose my check for \$250 as a **Sustaining Member of Bluecoats of Medina County.**

Founding Member

_____ I enclose my check for \$1,000 as a **Founding Member of Bluecoats of Medina County.**

In order to complete our files, we would greatly appreciate you providing the following information.

Please type or print.

Date _____

Name _____
(First) (Initial) (Last)

Please send my Bluecoats correspondence to my _____ business _____ home

Title _____

Company _____

Business Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Date of Birth _____ Spouse's First Name _____

Sponsor _____

BLUECOATS OF MEDINA COUNTY, INC. is a non-profit organization devoted to the well-being of families of the Safety Forces of Medina County who lose their lives, or are permanently disabled, in the line of duty. Member's dues are \$250 paid annually. These contributions are the primary source of Bluecoats income.

BLUECOATS OF MEDINA COUNTY, INC.
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