



Membership Form

(Membership Year from July 1, 2011 - July 1, 2012)

Renewal **New Member**

Card # _____ (number assigned by staff member) Date: _____

Name _____

Address _____ City _____

State _____ Zip Code _____ Phone # _____ E-Mail Address _____

Optional: (For purposes of grant proposals and to gain a better understanding of the population we serve)

Race/Ethnicity: White African American Asian American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander Hispanic/Latino Other

Age: _____

Please make checks payable to:
Janet Goeske Foundation
5257 Sierra Street
Riverside, CA 92504

