MEMBERSHIP APPLICATION

Memberships begin October 1 and expire September 30.Your label on the Newsletter shows the expiration date of your current membership.

Name _												
	PRESENT LAST NAMI		MAIDEN NAME (IF AF	PPLICABLE)	FIRST	Г	INITIAL			YEAR (AT	TENDED OR GRADUATED)	
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	Staff Member								Amt			
A <u>Tax D</u>	A <u>Tax Deductible Donation</u> to SHAFI is included for: General Fund; Historical Room Amt											
I would	ould like to give (#) gift memberships at \$12 each. Amt Fill out Gift Membership form. Make Copies as needed. Total											
	Fill out Gift M	iembersnip i	orm. Make Cop	oies as needec	1.				l otal			
<u>THANK YOU FROM SHAFI!</u>												
Make checks payable to SHAFI and mail to Address shown above. Check # Date												
	PARTIALLY COMPLETED APPLICATIONS MAY RESULT IN DELAYED PROCESSING											
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<u>SHA</u>	HAFI GIFT MEMBERSHIP					\$12.00 Annual Dues			Make checks payable to SHAFI 1700 East Louisiana Ave., Denver, CO 80210			
Recipier	nt Name											
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Office Use Only: Gift Membership DB Entered By Date Entered Verified												