



**MID-CITIES
Supporters of SafeHaven**

MEMBERSHIP APPLICATION

Date: _____

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Fax: _____

\$35.00 Membership Fee

I want to help. Please, tell me about volunteer opportunities.

Print this form, enclose a check payable to Mid-Cities SOS and mail to:

Mid-Cities SOS
P.O. Box 247
Colleyville, Texas 76034