

Application for Membership

Thank you for your interest in membership in The Pipestem Foundation

| Date: |
|--|
| Name: |
| Address: |
| |
| Home Phone: () |
| Mobile Phone: () |
| Email: |
| Do you have any special areas of interest, comments or questions related to The Pipestem Foundation |
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| Dues: |
| Membership dues are \$12 annually and are payable by cash or check only. Payment to be submitted to the Treasurer of The Pipestem Foundation. Dues cover the fiscal year January through December. |
| The Pipestem Foundation P.O. Box 150 Pipestem, WV 25979 |
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| Application received by (name): |
| Date: |
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