

PEACH CORPS MEMBERSHIP APPLICATION

Name (Mr. /Mrs. /Ms.) _____

Date of Birth _____

Address _____

City, State, ZIP _____

Phone (home) _____

Phone (cell) _____

Email _____

Employer _____

Phone (work) _____

Spouse _____

Date of Birth _____

Phone (cell) _____

Email _____

Employer _____

Phone (work) _____

Children

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Please indicate your category of membership:

Family Membership (\$50/year)

Individual Membership (\$30/year)

Please make checks payable to Peach Corps.

Please indicate the events you would be interested in attending:

Spring Fling (March or April)

Ice Cream Social (Fall)

Please return your application with payment to:

Shepherd Center
2020 Peachtree Road NW
Atlanta, GA 30309
ATTN: Volunteer Services