



## Membership Form

**Thank you for your interest in Friends of DePelchin. To join, print and complete this form. Then mail it to the following address with your credit card information or check payable to:**

DePelchin Children's Center  
P.O. Box 201703  
Houston, Texas 77216-1703

If you have questions, contact us at [friends@depelchin.org](mailto:friends@depelchin.org) or 713-802-6268.

**Member(s) Information: \* Required Information**

First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_

Title (Mr., Mrs., Ms.): \_\_\_\_\_ Spouse's Name (if joining as couple): \_\_\_\_\_

Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ ZIP Code: \* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \* \_\_\_\_\_ Spouse's Email (if joining as couple): \_\_\_\_\_

Organization/Company: \_\_\_\_\_

I wish my (our) name(s) not to be listed in publications.

**I am interested in helping with:**

Events     Recruitment     Service Projects     Other: \_\_\_\_\_

**Membership Information:**

Membership Type: \*     Individual - \$35     Couple - \$45

**T-Shirt Size:** \_\_\_\_\_ **Spouse's T-Shirt Size:** \_\_\_\_\_

**Credit Card Information:**

Credit Card Type:     American Express     Discover     MasterCard     VISA

Credit Card Number: \_\_\_\_\_

CVV Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

**Billing information (if different from contact information):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_