

New Application \_\_\_\_\_

## MICHIANA GOODWILL BOOSTERS APPLICATION

Renewal \_\_\_\_\_

\$5.00 (Annual Membership)

Store \_\_\_\_\_

**PLEASE PRINT**

Initials \_\_\_\_\_

Date \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
(Numbers, Street or P.O. Box)

\_\_\_\_\_  
(City, State, Zip Code)

Phone: (\_\_\_\_\_) \_\_\_\_\_

State ID # or Driver's License # \_\_\_\_\_

Email Address \_\_\_\_\_

### **Alicacion de Michiana Goodwill Boosters**

\$5.00 (Costo Annual)

Nombre: \_\_\_\_\_

Domicilio: \_\_\_\_\_  
(# De la casa, Calle, o P.O. Box)

\_\_\_\_\_  
(Ciudad, Estado, Codigo)

Numero De Telefono: (\_\_\_\_\_) \_\_\_\_\_

Numero De Identificacion o # De Licencia: \_\_\_\_\_

Dirección de correo electrónico \_\_\_\_\_

**\*\*One (1) membership per customer\*\***