



CIRCLE OF CARE

Name: _____
Title: Mrs. Ms. Miss Dr. Mr.
Address: _____
City, State & Zip Code: _____
Home Number: (____) _____ **Cell Phone Number:** (____) _____
Fax Number: (____) _____ **Other Phone Number:** (____) _____
Email address: _____
Additional email address: _____
Spouse or Significant Other: _____

Are you a member of other organizations? If so, please list them: _____

Please tell us more about yourself – special interests, skills: _____

Would you be interested in participating on any of the following committees? Is so, please indicate by checking the appropriate circle:

- | | |
|--|--|
| <input type="radio"/> Membership Committee | <input type="radio"/> Auction Committee |
| <input type="radio"/> Event Committee | <input type="radio"/> Sponsorship Committee |
| <input type="radio"/> Art Committee | <input type="radio"/> Advertising/PR Committee |

The membership fee is \$100. Payment may be made by check or credit card. Please mail this form and your payment to the Foundation office at 5000 Van Nuys Blvd., Ste. 305, Sherman Oaks, CA 91403.

Enclosed is a check made payable to The Circle of Care Foundation.
 Please charge my: American Express MasterCard Visa

Card Number: _____ **Exp Date:** _____

Thank you for joining the Circle of Care Foundation.