

# The Friendship Force of Wisconsin - Madison 2025 Membership Renewal

**PLEASE VERIFY ALL INFORMATION and NOTE ANY CHANGES ON THIS FORM. Return by 12/15/2024.**

Member Since:

Primary Phone Number:

Alternate Phone Number:

E-Mail Address: *If Blank Please Provide*

Birth Month & Day: \_\_\_\_/\_\_\_\_ Optional

FFWM Membership is per person over age 17 \$ 40.00

**Paid Thru: 2024**  
If "Paid Thru" year is 2025  
No payment due at this time

**OPTIONAL TAX-DEDUCTIBLE DONATIONS:**

FFWM - General Operating Fund \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

**PLEASE VERIFY ALL INFORMATION ON THIS DOCUMENT, MAKE CORRECTIONS AND RETURN THIS FORM THANK YOU**

**What are your interests? How can you support your club?**  
Check all that apply. Please check at least one.

*Activity Support*

- Adopt-A-Highway
- Book Club
- Club Picnic
- Dining on the 6th
- Second Harvest Foodbank
- Let's Walk - Let's Hike
- Let's Snowshoe - Let's XC-Ski
- Bike Rides
- Day Trips
- Cultural Food Experience
- Host Social Dinners

*Journey Support*

- Journey Coordinator
- Ambassador
- Home Host/Co-Host
- Day Host
- Interviewing
- Welcome/Departure
- Driver for Club Event
- Provide Food for Club Event  
*Snack, Casserole, Dessert, Soup*
- Performer/Singer/Piano, Etc
- Photographer

*Club Support*

- Board Member
- Journey Manager
- Membership - Welcome/Mentor
- Outreach - Program Speaker
- Communications/Publications  
*Website/Newsletter/Graphic Arts*
- Finance/Journey Treasurer
- Misc - Nominating/Adhoc/ Etc
- Member at Large
- Activities and Programs
- Historian
- IT Skills

Other languages you speak:

Are you willing to translate? Yes

Language \_\_\_\_\_

List of Organizations you are affiliated with:

**RETURN FORM TO:**

**The Friendship Force of WI - Madison**  
**5809 Julia Street**  
**Madison WI 53705**

*Return this form by December 15, 2024*