

Knights For Life

Membership Application

Full Name: _____

Maiden Name: _____

Address: _____

City, State, Zip: _____

Best contact #: _____

E-Mail Address: _____

What high school did you attend? _____

What Year did you graduate? _____

What special skills or attributes can you bring to the organization?

What is your interest in the organization?

How did you hear about the organization?

Would you be willing to volunteer at events? _____

Would you be willing to volunteer your area of expertise to a person, family or organization we assist? _____

Areas of Interest: (please circle all that apply)

Fund Raising Event Organizing Volunteering on day of event

Membership Drives Recruiting

OUR MISSION:

The Knights for Life Foundation is a resource for the North Penn Community. Our purpose is to support individuals and families who are facing issues related to declining health or who have experienced profound loss. Through fundraising events and a partnership with the North Penn schools and community, Knights for Life is dedicated to assisting these families while providing them with support and hope for a brighter future.

I understand the duties and responsibility of a member of Knights For Life and by my signature below agree to comply with the by-laws of the organization.

In addition I will conduct myself as an ambassador of the organization at all times and always represent the organization in the best possible way and to the best of my ability.

Signature: _____

Date: _____

Witness: _____