

SAPIC MEMBERSHIP APPLICATION

SAPIC is a non-profit organization 501 (c) (3). Contributions are deductible under sections 170, 2055, 2106 or 2522 of the Internal Revenue Code.

Date: _____ **New Membership:** _____ **Renewal:** _____

Name _____

Address _____

City _____ **State:** _____ **Zip Code (+4)** _____

Telephone: _____ **E-mail:** _____

(Please check)

Individual \$25: _____ **Family \$35:** _____ **Lifetime Individual \$200:** _____

Business/Organization \$40: _____

DONATION or MEMORIAL: \$ _____

List names of honoree(s) if desired: _____

MAIL TO:

**SAPIC c/o LaVerna K. Moser
3164 121 Street
Amana, IA 52203-8046**