

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 Brad Hughes
308 NW Sunset LN
Grimes IA 50111***