



**Clay County Education Foundation
Application for Membership**

NAME _____

ADDRESS _____

HOME PHONE _____ **BUSINESS/CELL PHONE** _____

BUSINESS ADDRESS _____

AREAS OF EXPERTISE _____

Committee Preferences:

_____ Corporate Sponsors	_____ Scholarships
_____ Mini Grants	_____ Medical Assistance
_____ Special Events	_____ Fundraising
_____ Public Relations	_____ Annual Meeting
_____ Membership	_____ Legal Issues
_____ Other (Specify) _____	

“I am aware that I must attend meetings faithfully, missing no more than three meetings in a row, in order to retain my seat on the Board of Directors of the Clay County Education Foundation.”

Signed _____ **Date** _____

Level of Contribution: _____ \$25 _____ \$50 _____ \$75 _____ \$100 _____ \$500 \$ _____

Membership contributions are due by October 1st of each year.