



In Your Shoes

Become a Member of In Your Shoes!

To become an In Your Shoes member simply complete this form and for a *Voting Membership please include your contribution. Mail your form with annual contribution to the address below. Please print clearly!

Member Information

Name (Please Print) _____ Signature _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Fax _____ Email _____

*Voting Membership: _____ Members who annually contribute a minimum of \$100.00, payable in Installments, and also choose to participate in service projects.

Service Membership: _____ Members who donate only their time and talents to accomplish the mission.

In Your Shoes would like to thank you for making a difference in our Westborough community.

Please send form/contribution to: *In Your Shoes**
P.O.Box 19
Westborough, MA 01581
Attention: Membership*

**Please be sure to keep your contact information updated so that all In Your Shoes communications reach you.

***More information, please email dledoux67@yahoo.com or tgavinfam5@aol.com.

Office use only!

_____ *Date Rec'd.* _____ *Initials* _____ *Check #* _____ *Cash*