



# Athens Friends and Newcomers 2024-2025 Membership Form



Please print all information.

If for any reason you are unable to download and print this form, just note the information on a piece of paper, and mail that along with your check. Form is also available at: [www.athensfriends.com](http://www.athensfriends.com).

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street City State Zip Code

I am new to AFAN this year. Yes or No or Returning (after time away) (Circle one)

Birthday Month & Day (optional) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

*\*Mark Your Choices Below:*

Please e-mail my newsletter. \_\_\_\_\_ Please mail a paper version of newsletter. \_\_\_\_\_

Please e-mail my directory. \_\_\_\_\_ Please print a paper directory for me. \_\_\_\_\_

Memberships received by September 30th will be included in the printed directory.  
Pick-up date to be announced.

**Please make your \$20 check payable to AFAN and send by mail to:**

AFAN  
P. O. Box 263  
Athens, OH 45701

Questions? Contact Margaret Murrey at:  
[mfmurrey48@gmail.com](mailto:mfmurrey48@gmail.com)  
740-517-3603

## **Win Back Your Dues!**

If your membership form and a \$20 cash or check is received by August 31<sup>st</sup>, your name will be entered into the *Win Back Your Dues Drawing* in September.