Jewell County Strong Community Wellness Center Individual Membership Form

First Name:	Last Name:	
Street Address (or PO Box):		
City:		
E-mail address:		
Phone Number:	Date of Birth:	
Membership Fee is \$15 per month. C 2024. To raise the needed funds for o pre-sell 600 individual memberships. membership in advance. Members w County Strong Community Wellness of members.	construction and to effective Please consider purchasing will be notified of the date o	ely obtain grants, we must g your first year of f the opening of the Jewell
Please check one:		
One month (\$15)	18 months (\$270)	36 months (\$540
6 months (\$90)	24 months (\$360)	42 months (\$630
12 months (\$180)	30 months (\$450)	48 months (\$720
Member Agreement: I agree to abide by the rules and regulater. I understand that my member after the initial membership drive are due by the 1 st day of each month. Bill member with unpaid charges. Member writes to cancel membership. If a member to the member to cover the cost	lations of the Jewell County ership is nontransferable and e subject to change. Future s will be sent on the 10 th da ership will be considered ac mber loses his or her key ca	nd nonrefundable and dues membership payments are many of the month to any cive until member calls or
Signature	Date	
Please return completed membership for County Strong Inc., PO Box 111, Mankato are available on our website: https://www.501(c)(3) nonprofit organization.	KS 66956. Membership forms	and credit card payment options
For Office Use Only	Amount Paid:	
Membership #: Payment method: Check #	Cash EFT	Credit Card