

FIRST DEFENDERS CWRT MEMBERSHIP RENEWAL FORM

Name: _____

Address: _____

Phone: _____ E-mail: _____

Membership payment of **\$20 is due by October 19, 2012.**
The check should be made payable to **The First Defenders CWRT** and
mailed to:

**David Unger
307 Grant Avenue
Leesport, PA 19533**

*This information is confidential but may be used by members of the Executive
Committee for the conduct of the organization's business.