

# Red Ribbon Friends

## Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

Membership is Valid 24 hours  
after approval and receipt of  
\$10.00 annual dues.

**Red Ribbon Friends, INC.**  
**PO Box 8241**  
**Myrtle Beach, SC 29578**