



Annual Membership Application

Member Information

*** First Name**

Middle Name

*** Last Name**

Title

Title 2 (if applicable)

Professional Designation (Dr., EFO, CFO, etc.)

Organization name (if applicable)

*** Email Address**

Street Address

City

State/Province/Region

Zip/Postal Code

Country

Phone Number

Annual Donation Level

*** Advocates - This level of membership support intended for those affected by fire. (Burn survivor or family member of someone lost to fire)**

- Diamond (\$500 and up)
 Gold (\$250 and up)
 Silver (\$100 and up)

*** Supporter - This level of membership support intended for individuals who wish to support advocates and their mission.**

- Diamond (\$500 and up)
 Gold (\$250 and up)
 Silver (\$100 and up)

*** Corporate - This level of membership support intended for companies and organizations who wish to support the advocates and their mission.**

- Diamond (\$5,000 and up)
 Gold (\$2,500 and up)
 Silver (\$1,000 and up)
 Other Amount

*** Method of Payment:**

- Check (please mail to address below)
 Credit Card

Please mail checks, along with a completed form to: Common Voices P.O. Box 162 Pleasant View, TN 37146

*** Name on Card**



*** Credit Card Type**

*** Credit Card Number**

*** Expiration Date (mm/yy)**

Additional Comments/Information:

Thank you for your support! Your continued support will help us expand our efforts to create a Fire Safe America, turning tragedy into advocacy. You are appreciated, we are glad to have you on our team! LOOK UP for safety....your life and the lives of your family could depend on it.