



2018-2019 Membership Application Form

Family and Friends Association for Magnolia Community Services

Name: _____

Family Member/Client: _____

Address: _____

E-Mail Address: _____

Phone Number: _____

Dues: \$25/year

Special Projects Donation: _____

Please mail application form and check payable to *Family and Friends* to:

Family and Friends Association for Magnolia Community Services

Attn: Darsey Walker

100 Central Avenue

Jefferson, Louisiana 70121