

Frisbie Frisbee Family Association of America

— Membership Form —

Annual Membership _____ (\$20)
Gift Membership(s) _____ (\$20 ea.)

Please provide your information:

Name _____ Spouse Name _____ Date _____
Address: _____ Apt. _____ City _____ State _____ Zip _____
Phone: _____ Cell _____ Email _____

For Gift memberships: please attach an additional sheet with the contact information for each gift membership.

Make checks payable to: FFFAA

Mail check and application form to: Mary Frisbie FFFAA, 666 S. Harrison St., Thompson, IA 50478

email questions to: dfrisbie@wctatel.net

*Thanks for becoming a member of the Frisbie-Frisbee Family Association of America.
Your membership helps our group provide reunions, newsletters, web information,
and contributes to our scholarship fund.*

Visit the *Frisbie-Frisbee Family Association of America*
at FFFAA.ORG



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