

**FANKASCOE**  
Membership Form

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| --- | --- |
| **NAME** |  |
| **ADDRESS** |  |
| **PHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **New member?**  Let us know your former position and office, or any other comments. |  |

**Make your $30 check PAYABLE to FANKASCOE**.

**Associate Membership - $5**

**Mail to:** Laura Howell  
799 Doug Hill Rd  
Island, KY 42350