



# Fulton County Partnership, Inc.

22438 Great Cove Road, Suite 102 \* PO Box 464 \* McConnellsburg, PA 17233  
Phone: 717-485-0931 \* Fax: 717-485-4505 \* E-mail: info@fcpinet

## FCPI Membership Form

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Area Code and Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Web Site address: \_\_\_\_\_

### Select membership type

Membership Type	Donation amount
<input type="checkbox"/> Parent / Consumer	Free
<input type="checkbox"/> Community Supporter	\$30.00
<input type="checkbox"/> Community Supporter with committee involvement	\$25.00
<input type="checkbox"/> Community Patron	\$100.00
<input type="checkbox"/> Community Benefactor (Any donation over \$500.00)	\$ _____

I would like to be involved in the following committee(s)

- Transportation Committee
- Family and Community Health Committee
- Economic and Workforce Initiatives Committee
- Finance Committee

Resources you can commit to the Partnership: \_\_\_\_\_

Needs you would like to see addressed by the Partnership: \_\_\_\_\_

Comments: \_\_\_\_\_

Please return this form with a check made payable to: **Fulton County Partnership, Inc.**