



MEMBERSHIP OR RENEWAL

NAME _____

STREET/P.O. BOX _____

CITY _____

STATE _____ ZIP _____

E-Mail _____

PHONE _____

I prefer to receive my newsletter via email (circle one): YES NO

Watch your email & Facebook for volunteer opportunities!

Family Membership Donation (\$40) _____

Corporate Sponsorship Donation (\$100) _____

Contribution (Thanks!) _____

TOTAL (Payable to FRESpace) _____

We are a 501 (c) (3) non-profit organization.

Please mail application to:

FRESpace
P.O. Box 523
Edisto Island, SC 29438

You can also use our online form with PayPal: <https://frespace.org/become-a-member/>