



BECOME A MEMBER

Please complete the application and mail it with your membership dues to:

Variety—The Children's Charity
ATTN: MEMBERSHIP
1520 Locust Street, 2nd Floor
Philadelphia, PA 19102

Name: _____

Home Address: _____

Home Phone: _____

Email: _____ **Cell:** _____

Occupation: _____

Business Address: _____

Business Phone: _____

Date of Birth: _____

Membership Categories (Please Check One)

Gold Heart Member (age 41-65) \$100 / year

Family \$150 / year

Young Variety (age 25 - 40) \$50 / year

I am willing to volunteer my time or service on a committee.

Yes No

I give permission to print my name and address in Variety's Membership Directory.

Yes No

Payment

My check for \$_____ is enclosed.

Please charge my VISA / MASTERCARD / DISCOVER (circle one) \$_____

Card Number: _____

Expiration Date: _____