

DFE. Inc.  
MEMBERSHIP REGISTRATION CARD

*Please PRINT Clearly*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

*Do Not Write Below This Line*

*To Be Completed by DFE Board/Committee Member*

Date of Registration \_\_\_\_\_

Membership Dues: Year \_\_\_\_ \$ \_\_\_\_ Year \_\_\_\_ \$ \_\_\_\_ Year \_\_\_\_ \$ \_\_\_\_ Year \_\_\_\_ \$ \_\_\_\_

Board/Committee Member Signature \_\_\_\_\_

Mail your completed membership card for each person and dues of \$10.00 per person to:

**The Davis Family Foundation, Inc.**  
**c/o Wayne Elliott - DFE, Inc. Treasurer**  
**9414 Treyburn Lakes Dr.**  
**Indianapolis, IN 46239**

Make Checks/Money Orders Payable to: The Davis Family Foundation, Inc.

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*Thank you for becoming a member and/or continuing your membership and supporting our foundation!*