

# SIGN THIS TODAY.

## Application for Membership

### GRANTS PASS CHAPTER AMERICAN RED CROSS

Date .....

I hereby apply for membership in the class checked below and agree to pay the sum of..... Dollars, \$.....

Please check class desired and be sure to write name legibly

- |                                |                     |
|--------------------------------|---------------------|
| ....Annual member.....\$ 1.    | Mr. ....            |
| ....*Subscribing member.. 2.   | Mrs. ....           |
| ....*Contributing member 5.    | Miss .....          |
| ....*Sustaining member.... 10. | Home Address.....   |
| ....*Life member..... 25.      | City and State..... |
| ....*Patron member..... 100.   |                     |

\*Important-memberships in classes starred (\*) above include annual subscription to the American Red Cross Magazine, handsomely illustrated, published monthly.

Mail applications to Benj. C. Sheldon, Secretary Grants Pass Chapter American Red Cross, Grants Pass, Oregon.