



# MEMBERSHIP/RENEWAL FORM

All prospective members of Colors of Promise, Lexington KY Chapter are required to complete this registration form. Indicate any changes; Membership runs from Jan 1st- Dec 31st.

**NEW MEMBERSHIP**       **RENEWAL**

## SECTION 1: MEMBER CONTACT INFORMATION

<b>TITLE</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
<b>NAME</b>	
<b>ADDRESS 1</b>	<b>PRIMARY PHONE</b>
<b>ADDRESS 2</b>	<b>WORK PHONE</b> (if different)
<b>ADDRESS 3</b>	<b>MOBILE PHONE</b>
<b>TOWN/CITY</b>	<b>PRIMARY EMAIL</b>
<b>ZIP CODE</b>	<b>SECONDARY EMAIL</b>
<b>EMPLOYER</b>	<b>DATE OF BIRTH</b>

\*Star the e-mail and phone number you would like listed in the directory

## SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
FULL	Full Membership	\$20	
STUDENT/RETIRED	Full time students and Retired Members	\$10	
ASSOCIATE	Associate membership is open to all who share Colors of Promise objectives or wish to help advance them but cannot become full members (restricted from voting, holding office or chairing committees)	\$15	
ORGANIZATION	Organization Membership is open to any organization that desires to support our mission. For Membership descriptions see website http://	Less than 50 - \$7.50 ea. 50 or more - \$150	
PAYMENT METHOD	<input type="checkbox"/> Organization Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Online Pmt		

## SECTION 3: MEMBER INFORMATION

**OCCUPATION /JOB TITLE:**

\_\_\_\_\_

**SPECIAL SKILLS AND INTEREST:**

\_\_\_\_\_

Please indicate if you would be willing to **serve on a committee:**  
 Yes     Not at this time

Is there a specific committee on which you would like to serve? \_\_\_\_\_  
 (Committees are listed at http://\_\_\_\_\_)

**Permission to use photographic images:**  
 Photographs of Colors of Promise members may be used in various Colors of Promise communications incl. the newsletter and website. Group photographs taken at Colors of Promise events may be used without identifying individual members. For individual photographs, please initial your desired consent:  
 \_\_\_\_\_ Colors of Promise has my permission to use and identify photographs of me.  
 \_\_\_\_\_ Colors of Promise does not have permission to use and identify photographs of me.

**Date:** \_\_\_\_\_

**To pay by Cash App** \_\_\_\_\_

**To pay by check:** Send a check made payable to Colors of Promise, 2901 Richmond Road, Suite 140-186 Lexington, KY 40509

Regardless of payment method used, please **make sure to send a copy of your membership form to** [colorsofpromiselexky@gmail.com](mailto:colorsofpromiselexky@gmail.com)