

Application for Membership Pioneer Educational Foundation

Name

Address

City, State & Zip

Telephone

Cell Phone

Class Of

Email Address

Annual Dues (\$5.00) _____ Contribution: \$ _____

Receipt-Please Check if wanted: _____

Please fill out the above form and mail to the following address:

Pioneer Educational Foundation
P.O. Box 51
St. Agatha, ME 04772

Pioneer Educational Foundation

'Working Together to Support Continuing Education'