

Children's Charities of Fort Worth
Fort Worth Margarita Society
Director & Member – New or Renewal Application

Application Date: _____ DOB: _____

Applicant Name: _____

Applicant Address: _____

City: _____ State: _____ ZIP: _____

Spouse or Significant Other: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Occupation: _____

Name of Sponsoring Director: _____

☐ Director (\$1,000 – Table) ☐ Director Level 2 (\$500 – 2 VIP Seats) ☐ Member (\$250 – 1 Ticket)

I hereby donate the amount of \$_____ to Children's Charities of Fort Worth to become a Director of the Fort Worth Margarita Society.

I cannot be a Director, but I would like to make a donation of \$_____ to Children's Charities of Fort Worth.

Signature of Applicant: _____

I would like to be an active member on the following committees:

☐ Sponsorship ☐ Fundraising ☐ Social Events ☐ Membership
☐ Marketing/Advertising ☐ Auction ☐ Community Outreach ☐ _____

Select Method of Payment: ☐ Check ☐ Credit Card

Credit Card Number: _____

Expiration Date: _____ CVV: _____ Billing ZIP: _____

Cardholder Signature: _____

Have you been convicted of a felony in the last 10 years? ☐ No ☐ Yes

If yes, please explain: _____

☐ Please do not place my information on the Children's Charities of Fort Worth roster

Mailing Address:
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Fort Worth, TX 76102

Email: fwmball@gmail.com
Website: www.fortworthmargaritasociety.com