Member Information/Applica	tion		
Name:			
Address:			
Telephone:		Cel:	
E/mail address:			
Employed with:			
Would you be interested in vo	olunteering with Ki	indale?	
Areas of Interest:			
Are you related to or friends	with a staff member	or of Kindale?	
Are you related to or menus	with a stan member		
Signature		-	
Date			
Facebook account			
Twitter account			