

9/79
MEMBERSHIP APPLICATION — AMERICANS UNITED TO COMBAT FLUORIDATION

Name

Address

..... Zip Code

Yearly Membership — \$5.00 (*Year starts June 1*)

☐ I wish to remain an active contributing member of AUCF.

☐ Remove my name from active AUCF membership.

☐ Add the following name to membership of AUCF.

Name

Address

..... Zip Code

☐ You may count on me for \$..... yearly to support extra projects.

Make checks payable to:

AMERICANS UNITED TO COMBAT FLUORIDATION

915 Stone Road

Laurel Springs, N. J. 08021