



Gift Membership Form

Yes, I'd like to give the gift of membership for \$36 each to.

My Name _____
 Address _____
 City _____ State _____ Zip _____
 Day Phone _____ Evening Phone _____
 Country _____ E-mail _____

Check enclosed made payable to JOFA

Please charge my

MasterCard Visa American Express

Card # _____ Expiration Date _____ Signature _____

GIFT TO:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Day Phone _____ Evening Phone _____
 Country _____ E-mail _____

GIFT TO:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Day Phone _____ Evening Phone _____
 Country _____ E-mail _____

GIFT TO:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Day Phone _____ Evening Phone _____
 Country _____ E-mail _____