



CAPE-TO-CAPE Foundation, Inc.  
*Promoting Education in Liberia*

**MEMBERSHIP APPLICATION**

**TITLE**

Mr.  Mrs.  Miss  Dr.

**NAME**

\_\_\_\_\_  
Last First Middle Initial

**ADDRESS**

\_\_\_\_\_  
Street City State Zip Code

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NATIONALITY:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**MEMBERSHIP AFFIRMATION**

By signing this application, I agree to abide by the constitution and bylaws of Cape-To-Cape Foundation, Inc. and pledge to uphold the articles of incorporation copies of which I have read and understood. I promise to be honest in my service to the Foundation, and to protect the privacy of our donors. I acknowledge that The Foundation reserves the right to discontinue my membership for violation of the constitution and bylaws, and for provable acts of dishonesty and impropriety.

Please fax completed form to 610-572-1727

**PRINT YOUR NAME** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

Phone: 610.572.1728 • Toll Free 1.800.847.1686 • Fax : 610.572.1727  
14 Harvest Drive, PO Box 95729, Thorndale PA 19372 •  
Email: [info@capetocapefoundation.org](mailto:info@capetocapefoundation.org)  
[www.capetocapefoundation.org](http://www.capetocapefoundation.org)

**501(C)3 Certified**  
**(Tax-Deductible Donations)**