



In Loving Memory of Weston Johnson
 1987-2014
 PO Box 301, Wray CO 80758
 970.332.0985
 never.flinch@outlook.com



Please Check:

SUPPORTING Membership

App Renew

- Youth (18 & under) \$15
- Senior (65+) \$15
- Individual \$25
- Family \$50

PARTNERING Membership

App Renew

- Youth (18 & under) \$25
- Senior (65+) \$25
- Individual \$35
- Family \$75

BUSINESS Membership

App Renew

- Business \$1000

Payment/Payment Method:

I am joining renewing \$ _____

I am including a donation \$ _____

I am sending only a don. \$ _____

Total enclosed \$ _____

I want to unsubscribe _____

Check Visa MC Disc

Card #: _____

Exp. Date: _____

Zip on card: _____

Security # on card: _____

Mail form/pymt to address above

Membership/Use Agreement Revised 0416

Thank you for your interest in Never Flinch, the Foundation a service based organization focused on blessing those affected by cancer and creating awareness about Melanoma!

Your membership/renewal makes a financial contribution, and shows your commitment to our mission. Never Flinch, the Foundation depends on membership support to help us provide assistance to families who are currently undergoing cancer treatments. Together, the work and dedication of our Members, Board of Directors and Communities will make a difference in the lives of those who are battling something much bigger than any one person can defeat. *We look forward to having you as a part of our team.*

Benefits of SUPPORTING membership:

- Never Flinch, the Foundation window decal.
- Notice of events, updates and foundation developments.

Benefits of PARTNERING membership:

- *All of the Supporting Member benefits, plus*
- Discount (10%) on Never Flinch, the Foundation merchandise
- First option to purchase VIP tickets to Never Flinch, the Foundation events

Benefits of BUSINESS membership:

- *All of the Partnering Member benefits, plus*
- Listing (and linked) on the Never Flinch, the Foundation website

Your membership helps us with operational costs as well as supporting families in the communities we serve. All memberships must be renewed annually.

If we can assist you in any way, please contact: 970.332.0985 or email never.flinch@outlook.com.

Please fill in all spaces below

Name(s) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (C) _____ (H) _____

E-mail: _____

- Are you a cancer survivor? *(Optional)* __Y __N
- Do you know anyone who is currently going through cancer treatment and needs assistance? __Y __N
 - If yes, can we contact you to see if we may be able to assist them? __Y __N
- Would you be willing to volunteer for Never Flinch, the Foundation, if needed? __Y __N

Applicant Signature: _____ **Date:** _____