

Boone County Community Network Membership Application

Date: _____

Name: _____
Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Email ID: _____

Type of Membership: Individual (\$10) Corporate (\$50)

I can help by volunteering for (please let us know if you'd like some suggestions):

Please send this application with your check (make check payable to **Boone County Community Network**) to:

Boone County Community Network
PO Box 451
Zionsville IN 46077

Thank you for supporting your local community network!

9/2/99/tlm

<http://www.bccn.boone.in.us/admin/application.pdf>