



# FAKS New Member Form



First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Annual Membership Fee - \$5**

Please make checks payable to FAKS-PAC

I am interested in:

- Filing a Public Comment
- Researching a Topic of Concern:
- Speaking at the Public Hearing – Date TBD, max 5 minutes
- Signing the Opposition Petition
- Donating toward/Placing Yard Signs