TO: Dorothy Hassler
Membership
FELLOWSHIP OF RECONCILIATION
Box 271, Nyack, N.Y. 10960

FROM: _____

_____

_____zip____

☐ I am glad to take this opportunity to express my agreement with the FOR Statement of Purpose, and I enclose the signed Membership Application.

☐ While I do not feel I can accept membership in the FOR at the present time, I do want to support the work. I understand that, if I contribute $5.00 or over I will receive a subscription to FELLOWSHIP magazine.

☐ I wish simply to be a subscriber to the magazine and enclose $5.00

☐ Please send me_____copies of the FOR Statement of Purpose
(number)
for distribution among my friends.

☐ Send word about the FOR to the following persons, too:

NAME	ADDRESS Please use zip codes.