

Develop Africa Support Group Registration Form

We care about Africa. We are interested in making a difference in Africa.

(Please fill in legibly or in BLOCK / UPPERCASE letters)

My name: _____ My age (if under 18) _____

My email address: _____ My phone number: _____

Full mailing address: _____

The name of Group: _____ Number of members in Group: _____

Group has been formed under / is affiliated with / is part of: (school / college / university / church / other)

Are you planning to do any fund raising activities? If yes, please briefly describe? _____

When do you plan to run the drive / collection activity? _____

Name of Group Sponsor / Advisor: _____

Address **and** Phone Number of Sponsor / Advisor: _____

Enclosed is an optional donation towards shipping: \$ _____ (Please make checks payable to Develop Africa)

My signature: _____ Date: _____

Please send to: Develop Africa, 1906 Knob Creek Road, Suite 3, Johnson City, TN 37604.

You can also fax it toll-free to 866-228-2375

Note: We may call you briefly for some additional information about your group / fund raising plans.