

THE FRANCHELL BOSWELL EDUCATIONAL FOUNDATION

Membership Form

Please duplicate

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

TLOD Member Yes No

Chapter (if yes) _____

City _____ State _____

Amount enclosed \$ _____

Check # _____ Money Order

Applicant's Signature _____

Mail to

Franchell Boswell Foundation

P.O. Box 1714

Calumet City, Illinois 60409

Jacquelyn Heath Parker, President

Jpwp254@comcast.net