



MEMBERSHIP ENVELOPE ORDER FORM

CAPISTRANO UNIFIED COUNCIL

Quantity ordering: _____

Envelopes are \$20 per thousand, \$10 per five hundred

Amount of check _____ **Check Number** _____

Council name **Capistrano Unified Council**

Council membership chairman: **Cindy Putman**

Address: _____

City _____

Phone _____

Email _____

Unit Name _____

Unit President _____

Phone or email address _____



For Fourth District Office:

Date check received _____ Date order picked up _____ Initial _____