



Yes! I'm interested in being a Friend of Magic Valley Rehabilitation Services. I have marked the membership category I desire.

Membership Categories  
(please mark one)

Individual—\$25

Business—\$100

Payment of the one-time membership dues puts you on our Friends of MVR'S roster for your lifetime, unless you otherwise contact us with your decision to opt out.

Please Print:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Payment by:       Check     Mastercard        Visa 

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Your Signature: \_\_\_\_\_

MVR'S does not sell or share your information outside of the organization. By providing your email address you will help us to cut mailing costs by allowing us to send out our newsletters and other communications electronically.

Please print this form and mail it along with payment to:

MVR'S  
PO Box 189  
Twin Falls, ID 83303-0189