

GOOD SHEPHERD PROGRAM

DATE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

WALK # \_\_\_\_\_ LOCATION \_\_\_\_\_

\_\_\_\_ I AM IN A SHARE GROUP WITH THE FOLLOWING PERSONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ MY GROUP IS INTERESTED IN NEW MEMBERS

\_\_\_\_ I AM INTERESTED IN JOINING A NEW SHARE GROUP

\_\_\_\_ I AM NOT INTERESTED IN JOINING A SHARE GROUP AT THIS TIME

I AM ABLE TO MEET AT:

TIME OF DAY \_\_\_\_\_

DAY OF WEEK \_\_\_\_\_

GENERAL LOCATION \_\_\_\_\_

PLEASE COMPLETE THIS FORM AND RETURN IT TO:

DARKE COUNTY AREA EMMAUS  
GOOD SHEPHERD PROGRAM  
PO BOX 482  
GREENVILLE, OH 45331