



Date _____

FLD Membership Application

(please print carefully)

Name: _____

Address: _____

City: _____ State and Zip Code: _____

Phone: _____ Alt Phone: _____

Email: _____

We have created a membership directory. Would you like to be included? Yes ___ No ___

Is there any information that you would prefer not to share? If so please specify:

Please tell us about your areas of special interests and any skills or services you'd like to share with other members. (use back of the sheet if necessary)

We can use your help in many ways, please let us know if you'd like to serve on a committee or help in another way.

___ Program Committee

___ Lead a dowser sharing of techniques

___ Communication Committee

___ Mentor a new dowser

___ Refreshment Committee

___ Teach basic dowsing skills

___ Hospitality Committee

___ Give a presentation to a group

___ Other - Please specify: _____

Signature: _____

(Please send the filled out form back to Suzanne Kotcher, 4246 Montezuma Crse, Liverpool, NY 13090 or e-mail it to info@fingerlakesdowser.com)