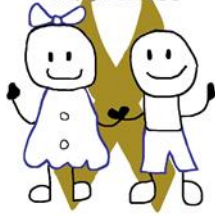


Childhood Cancer
Awareness



**Nathan's Story
Childhood Cancer Org
PO Box 213
Galena, MD 21635**

We would like to invite you to become a "member" of our organization and sign up to be a Nathan's Story "RAISING AWARENESS" for Childhood Cancer, MD MVA license plate holder. The membership obligates you to nothing at all and no membership fees; it is a requirement from the MD MVA that gives you the opportunity to apply/receive a "RAISING AWARENESS" for Childhood Cancer license plate for the state of MD.

Imagine making AWARENESS every day, everywhere you go... ☺

Our organization receives nothing from this; there is a one-time fee of \$25.00 for set; that fee goes to MD MVA to make the plates. The registration will pick up where your current registration is, you do not have to wait till it's time to reregister your current plates.

We are also starting a new list to get motorcycle tags as well, if that interests you as well, please fill out the form and note motorcycle tags below. The motorcycle tags are not currently on the road, we will need 25 committed members to make that happen, *I say committed because it can a little bit of time to get those first 25, once done they'll be made and on the road and available to all in MD with the "membership"* You can use 1 membership form both vehicles and/or motor cycle tag, just note below how many vehicles and/or motor cycles so we can supply you with the correct amount of MD MVA forms(we will mail them to you).

You can either mail the form to: **Nathan's Story PO Box 213 Galena, MD 21635**

OR you can email to: **nathansstory@yahoo.com**

Any questions or concerns please do not hesitate contact us...

Thank you for wanting to help "MAKE A DIFFERENCE"

Kim Silpath ~ President
Nathan's Story
Nathansstory.org

VEHICLE... how many forms needed_____

MOTORCYCLE... how many forms needed_____



"One child diagnosed, is one too many" ~ Nathan Silpath 2001-2018~
Federally approved 501c3 non-profit and 100% volunteer



**Nathan's Story Inc.
Childhood Cancer Organization
P.O. Box 213 Galena, MD 21635**

“Application for Membership”

Full Name (as appears on Driver's license): _____

Date of birth: _____ (all members must be at least 18 or older)

Address (as appears on Driver's License): _____

Contact Number(s): _____

E-mail: _____

Tag number (of current registered vehicle Org. tag will be replacing **required by MVA**) _____

1) I understand that by joining Nathan's Story Inc. I expect nothing from the organization in return or vice versa with the exception of the opportunity to sport the organization license plate on my vehicle(s), the sole purpose of my membership. It is my responsibility to make sure my plates/registration are renewed and fees paid, under MD MVA law, Nathan's Story Inc. will not in any way be liable for any fees or reregistration. There is a \$25.00 fee for plates required by the MD MVA.

2) I have never been convicted of any crime against any minor child/children.

3) I am not nor have I ever been convicted of any sex crime against any minor child/children and I am not on any sex offender's registry anywhere in the U.S.A. or any other country.

PLEASE NOTE IF EITHER/BOTH SECTION 2 OR 3 IN ANY WAY APPLY TO YOU, PLEASE STOP HERE AND RESPECTFULLY DECLINE TO JOIN....Thank you!!

*** I confirm all above information is correct to the best of my ability and understand by signing this I accept all and any responsibility of MD MVA fees and documentation.
I understand this application can/will hold up in a court of law.*

***Nathan's Story Inc. does not and will not share/sell information; all information will be kept private within our organization.**

Signature: _____ Print: _____

Date: _____

****Please note if there or more than ONE applicant EACH APPLICANT must fill out their own membership form and sign it, applicants cannot share membership forms... Thank you**