



SAGE of South Florida, Inc
SAGE MEMBERSHIP FORM

RENEWAL
NEW MEMBER

Name: First: _____ Last: _____ First You Want to Use: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____ Birthday (Month & Day only) _____ / _____

E-Mail: _____ I want to receive mailings by E-Mail.

Name of Partner: _____

Newsletter Mailing Options:

1. I do not want the newsletter mailed to me

2. I want to receive the newsletter electronically only

3. I want the newsletter mailed to me at the cost of \$10 making my membership \$45.00

I have enclosed:

\$300 for my Lifetime Membership \$35 for my Annual Membership

\$45 Annual Membership with the Newsletter mailed to me

\$_____ as a special Gift to SAGE

I want to remember SAGE in my Will. Please contact me.

For Snowbirds Only

Dates to change my mailing address: From _____ / _____ to _____ / _____ as follows:

Address: _____

City: _____ State: _____ Zip: _____

I want to volunteer to help SAGE. Please contact me.

Please enclose a check made payable to: SAGE of South Florida

Mail to: SAGE of South Florida PO Box 70516 Oakland Park, FL 33307

or Pay by Credit Card:

I authorize SAGE of South Florida, Inc. to charge my: (check one) ___ Visa ___ MasterCard ___ Amex

in the amount of \$_____ Credit Card Number:

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Name as it appears on Card: _____ Exp. Date: ___ / ___ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____