



SAGE of South Florida, Inc
SAGE MEMBERSHIP FORM

RENEWAL []
NEW MEMBER []

Member 1: First: _____ Last: _____ First You Want to Use: _____

Member 2: First: _____ Last: _____ First You Want to Use: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone 1: _____ Cell Phone 1: _____ Birthday 1 (Month/Day) ___/___

Home Phone 2: _____ Cell Phone 2: _____ Birthday 2 (Month/Day) ___/___

E-Mail 1: _____ Check to receive mailings by E-Mail. ___

E-Mail 2: _____ Check to receive mailings by E-Mail. ___

SAGE Annual Membership Fees/Newsletter Mailing Options: CHECK THE APPROPRIATE LINE

- 1. \$35 Single Membership with Newsletter Electronically from SAGE Website ___
2. \$45 Single Membership with Newsletter mailed to you via US Post Office ___
3. \$60 Couple Membership with Newsletter Electronically from SAGE Website ___
4. \$70 Couple Membership with one Newsletter Electronically from SAGE Website and one mailed via US Post Office ___
5. \$300 for An Individual Lifetime Membership ___
6. \$_____ as a special Gift to SAGE ___
7. I want to remember SAGE in my will. Please contact me ___

As a member of SAGE, I give permission for the use of my name and my likeness in any photo or image taken at, and used to promote, SAGE sponsored activities. SAGE does not share your contact information with third parties

Please enclose your check made payable to SAGE of South Florida for the option you checked above. If paying by Credit Card please fill out section below.

Mail to: PO Box 70516, Oakland Park, FL 33307 - SAGE Message Line 954-634-7219

For Snowbirds Only

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

Address: _____

City: _____ State: _____ Zip: _____

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:

Grid for credit card number: 12 empty boxes

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

Billing Address: _____

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