



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  
 SAGE Email Address - sagesofl@gmail.com

**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:

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Name as it appears on Card: \_\_\_\_\_ Exp. Date: \_\_\_ / \_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone # \_\_\_\_\_