



# SAGE of South Florida, Inc MEMBERSHIP FORM

NEW MEMBER ☐

RENEWAL ☐



Member 1 : First: \_\_\_\_\_ Last: \_\_\_\_\_

Member 2 : First: \_\_\_\_\_ Last: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Birthday 1 (Month/Day) \_\_\_\_ / \_\_\_\_

Phone 2: \_\_\_\_\_ Birthday 2 (Month/Day) \_\_\_\_ / \_\_\_\_

E-Mail 1: \_\_\_\_\_

E-Mail 2: \_\_\_\_\_

## **SAGE Annual Membership Fees/Newsletter Mailing Options: CHECK THE APPROPRIATE BOX**

1. \$35.00 Single Membership with an email-only newsletter. ☐
2. \$75.00 Single Membership with a hard-copy newsletter sent via USPS ☐
3. \$60.00 Couple Membership with an email-only newsletter ☐
4. \$100.00 Couple Membership with one emailed newsletter, plus a hard copy sent via USPS ☐
5. \$300.00 for a NEW Individual Lifetime Membership with email-only newsletters ☐
6. \$340.00 for the 1<sup>st</sup> year of a NEW Individual Lifetime Membership with a hard-copy newsletter sent via USPS, plus \$40 for each subsequent year. ☐
7. \$40.00 per year for an EXISTING Lifetime Membership with a hard-copy newsletter sent via USPS. ☐
8. \$ \_\_\_\_\_ as a special Gift to SAGE ☐
9. I want to remember SAGE in my will. Please contact me. ☐

As a member of SAGE of South Florida, 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 of South Florida 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

SAGEsofIMembership@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 an amount of \$ \_\_\_\_\_ to Credit Card Number:

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Name on card: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_