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. **$100.00 Couple Membership with one emailed newsletter, plus a hard copy sent via USPS.** ☐
5. **$_____ as a special Gift to SAGE.** ☐
6. **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 the section below.
Mail to: PO Box 70516, Oakland Park, FL 33307 - SAGE Message Line 954-634-7219
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 an amount of $_____ to Credit Card Number:

Name on card: _____ **Exp. Date:** ____ / ____ **Security Code:** _____

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