



2019 Membership Application

New Member ()

Renewal ()

Please **print** legibly:

Name: _____
Last First

Address: _____

City, State, ZIP: _____

Phone: Area Code & Number: _____

E-Mail: _____

Check one or more as applicable:

- | | | |
|-------------------------------------|----------|---|
| _____ Yearly Membership, Individual | \$30.00 | |
| _____ Yearly Membership, Family | \$35.00 | |
| _____ Donation Amount | \$ _____ | SGES is a non-profit 501 (c)(3) corporation and is tax deductible. Consult your accountant for tax rulings. |

Payment:

Amount Received: \$ _____ Method: Check# _____; Cash _____; PayPal _____

Make check payable to SGES, Inc., P.O. Box 7728, Jacksonville, FL 32238-7728

Your membership includes a monthly newsletter, use of our library, and monthly meetings which feature a wide variety of programs that are posted on our website plus membership email reminders.

Office Use Only

Date Received: _____

Posted to Computer: _____

E-Mail: _____

Worksheet: _____

New Member Letter: _____

Mailing Label: _____