



Annual Membership form 2018 - 2019

Name: _____

Phone: _____ **Alternate:** _____

Address: _____

City, State, Zip: _____

Email: _____

*The annual membership category I have chosen is:

- Student \$25
- Individual \$50
- PPI Director** **\$100**
- Sustaining \$250
- Other \$_____

For more information, please contact
Public Policy Institute of Marion County
CF Campus Enterprise Center, Suite 202M
3001 SW College Road
Ocala, Florida 34474
352.291.4433, CF Ext. 1457
Thank you for your contribution!

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