



## 2020 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  
or apply online at our website [www.sgesjax.org](http://www.sgesjax.org) and pay with PayPal.

Your membership includes the 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: \_\_\_\_\_