

SUNLIGHT CLUB MEMBERSHIP FORM



Date _____

Name (include preferred prefix) _____

Mailing Address _____

Home Phone _____ Mobile Phone _____

Email _____

Occupation (optional) _____

The above information may appear in our Membership Directory.

Are you able to receive emails? ☐ Yes ☐ No (Note: Our preferred method of communications with members is email. But we will do our best to accommodate those who are unable to receive them.)

Enclosed:

☐ Full Membership dues - includes local, District, State, Regional, and National (\$200).

☐ Associate Membership dues - includes local dues only (\$50)

☐ Donation. (any amount) \$ _____

Payment method:

Payment (check) enclosed in the amount of \$ _____

Other? _____ Payment being made in the amount of \$ _____

Please return this form with checks made payable to the Sunlight Club.

Mail to P.O. Box 514, Orangeburg, SC 29116

Please list any special skills or resources you have that may add value to our work. _____

Any special positions in which you are interested in serving? _____

The Sunlight Club is a 501(c)(3) nonprofit organization.

SUNLIGHTCLUB.ORG

For Officer Use Only:

Date Funds received _____ via _____ Amount \$ _____