



Membership Form

PLEASE Check: NEW RENEWAL

DATE:

Personal Information

NAME:

PHONE:

ADDRESS:

EMAIL:

FAMILY MEMBERS (included in this membership)

Spouse's Name

~~www~~ email:

Children's Names:

ANNUAL MEMBERSHIP DUES (check one)

I am interested in the following committees:

REGULAR (FAMILY)	\$25
ASSOCIATE (Outside Brevard County)	\$25
INDIVIDUAL (Single)	\$15
COLLEGE STUDENT	\$10

Membership	Scholarship
Cultural	Entertainment
Youth	Nominating
Media	None

Payment Information

Membership dues payable in cash, check or credit card. Please makes check payable to SANLAHI INC.

If mailing form with personal check, mail to:
Attn: Membership Committee
PO BOX 411433
Melbourne, FL 32941-1433

Name on Credit Card:
Credit Card number:
CCV no. (back of card): Expiration:
Billing Zip Code:

If paying online, go to www.sanlahi.org to E-pay via paypal and Email form to info@sanlahi.org
OR by (preferred) **VENMO** to **@Sanlahi-inc-1** or **OnCash App \$sanlahiinc1**

Member Suggestion Box

Membership Committee Use Only