



2019 Membership Form

Name _____

Address _____

City _____ State _____ Zip _____

Preferred Phone _____

Contact Email _____

- Please find my \$250 non-refundable, annual dues contribution enclosed.
- I am 28 years old or younger. Please find my \$150 (reduced membership rate) non-refundable, annual dues contribution enclosed. My birth year is _____.

Your entire dues donation will go toward grants. Membership affords you the opportunity to serve on grant committees and vote for finalists at all 2019 meetings.

- I wish to make an additional donation of \$_____ to help with operational expenses.

If you would like your additional donation recognized differently from the member name above, please indicate here:

Friend (\$1 - \$99)

Recognition on Website

Steward (\$100 - \$249)

All of above, plus:

Recognition on Facebook

Benefactor (\$250 - \$499)

All of above, plus:

Recognition at membership meetings

Visionary (\$500 +)

All of the above, plus:

Sponsorship recognition at member social

- I am enclosing a check payable to Gulf Breeze Will Do.
- Please bill me through PayPal @_____.
- I prefer to pay by credit card. Please email me an invoice, and I'll pay the \$9.00 transaction fee.

Gulf Breeze Will Do * PO Box 1193 * Gulf Breeze, FL 32562 * www.gulfbreezewilldo.org * gbwdmembership@gmail.com

(For Office Use Only) REC: _____ ADD: _____ CK: _____ ACK: _____