



2024 Membership Form

Membership term: January – December 2024

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Would you like to be listed in the membership directory (name only) Yes No

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 the annual meeting.

I wish to make an additional donation to help with operational expenses

Friend – \$50+
Recognition on Website

Steward – \$100+
All of above, plus: Recognition on Facebook

Benefactor – \$250+
All of above, plus: Recognition at membership meetings

Visionary – \$500 +
All of the above, plus: Sponsorship recognition at member socials

Angel – \$1000 +
All of the above, plus: GBWD membership included

Other Amount : _____

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

I am enclosing a check payable to Gulf Breeze Will Do

I will pay with PayPal at [PayPal.Me/gulfbreezewilldo](https://www.paypal.com/US/membership/gulfbreezewilldo)

I will pay by credit card

Please email me an invoice

This form may be mailed to the address below or saved as a PDF and emailed to address below:

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: _____