

# Hemlock Society of Florida, Inc.

## MEMBERSHIP APPLICATION

Membership dues are **\$20 per person per year**

New/Renewal                      Name: \_\_\_\_\_  
(Make check payable to Hemlock Society of Florida, Inc.)

New/Renewal                      Name: \_\_\_\_\_  
(Make check payable to Hemlock Society of Florida, Inc.)

Additional Donation            Amount \_\_\_\_\_  
(If you would like a tax credit for this donation, make check payable to Hemlock Foundation of Florida, Inc.)

Beacon Donation                Amount \_\_\_\_\_  
(If you would like a tax credit for this donation, make check payable to Hemlock Foundation of Florida, Inc.)

I would prefer NOT to have my name listed as a Donor in the Beacon.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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