



MEMBERSHIP APPLICATION

NAME* _____

MAILING ADDRESS* _____

CITY, STATE, ZIP* _____

PREFERRED PHONE NUMBER* _____

Please check your preference for receiving the Newsletter "*The Avenue*"

_____ US Postal Service *or* _____ Electronically

EMAIL ADDRESS _____

	Level	Annual Dues
	Client	\$ 10.00
	Staff	\$ 25.00
	Individual	\$ 50.00
	Corporate Promotional Package	\$150.00
	Monthly Contribution	\$ _____

___ CHECK ENCLOSED

PLEASE BILL MY CREDIT CARD ___ Visa ___ MasterCard ___ American Express

NAME ON CARD _____

ACCOUNT # _____ EXPIRATION DATE _____ SIG # _____

* *If using a credit card this information must match the credit card*

Send your application and payment to:
Stewart-Marchman-Act Foundation
214 Loomis Avenue, Daytona Beach, Florida 32114
386.254.1136 www.smafoundation.com

Thank You!

"Help us build a better tomorrow for families today"