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|  | **SDPHS Annual Dues Renewal**  **(December 7, 2021 – December 6, 2022)**  **Lineal Member Renewal $20.00**  **Associate Member Renewal $15.00 ~ Minor Member Renewal $5.00** |

Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Associate ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

⃝ Please check circle if you wish to receive a color copy of your Offspring by e-mail instead of a black and white hard copy through the U.S. Postal Service. Make sure you include your e-mail address above!

Make check or money order payable to SDPHS, INC.

Mail to: Mary Purifoy

7846 Hastings Street

Jacksonville, FL 32220

***Note: the dues payment expiration year is indicated in [brackets] on the mailing label.***

In addition to my dues payment, please accept my donation for: (check one below)

\_\_\_\_\_\_\_\_ General Fund \_\_\_\_\_\_\_\_ Memorial Fund \_\_\_\_\_\_\_\_ Scholarship Fund \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Pearl Harbor & Child Survivor History Project

DUES SENT: $\_\_\_\_\_\_\_\_\_\_ DONATION: $\_\_\_\_\_\_\_\_\_\_\_ = TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_