



GEORGIA SEA TURTLE CENTER Membership Renewal Application



Donor Name: _____
First Name (s) Last Name

Address: _____
City State Zip Code

Phone Number: _____ Email Address: _____

Has any of your contact information changed? Yes No

Membership Level Information Current Level: _____ Expiration Date: _____	Is this a Gift Renewal? Yes _____ No _____ If yes, please provide the information below for the gift recipient.																								
Please place a check beside the Membership Level you want. <i>Remember, if you renew or *increase your Membership Level BEFORE your current Membership expires, you receive a discount.</i> <table border="0"> <thead> <tr> <th></th> <th><u>Standard</u></th> <th><u>Renewal/Increase Discount</u></th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Individual</td><td>\$35</td><td>\$30</td></tr> <tr><td><input type="checkbox"/> Family</td><td>\$100</td><td>\$90</td></tr> <tr><td><input type="checkbox"/> Donor</td><td>\$300</td><td>\$270</td></tr> <tr><td><input type="checkbox"/> Patron</td><td>\$500</td><td>\$450</td></tr> <tr><td><input type="checkbox"/> Benefactor</td><td>\$1,000</td><td>\$900</td></tr> <tr><td><input type="checkbox"/> Lifetime *</td><td>\$5,000</td><td>\$4500</td></tr> <tr><td><input type="checkbox"/> Additional Donation \$</td><td colspan="2">_____</td></tr> </tbody> </table>		<u>Standard</u>	<u>Renewal/Increase Discount</u>	<input type="checkbox"/> Individual	\$35	\$30	<input type="checkbox"/> Family	\$100	\$90	<input type="checkbox"/> Donor	\$300	\$270	<input type="checkbox"/> Patron	\$500	\$450	<input type="checkbox"/> Benefactor	\$1,000	\$900	<input type="checkbox"/> Lifetime *	\$5,000	\$4500	<input type="checkbox"/> Additional Donation \$	_____		Recipient Name: _____ First Name (s) Last Name Address: _____ City State Zip Code Phone Number: _____ Email Address: _____
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If you increased your Membership Level, do you want to receive the thank you gift? Yes No

Pay with **CHECK**. I have enclosed a check (made payable to the Jekyll Island Foundation) in the amount of \$_____.

Pay with **CREDIT CARD**. Please charge my: Visa Mastercard American Express in the amount of \$_____.

Card Number: _____ Expiration Date ____/____/____

CVN: _____ (this number is a 3 or 4 digit code that is added to your card on either the back, above the signature strip, or the front – above the embossed number. We request this number for your security protection.)

MEMBER SIGNATURE

DATE

Mail form and payment to the Jekyll Island Foundation, 381 Riverview Drive, Jekyll Island Georgia 31527

*Please allow 2-4 weeks for processing and delivery of materials.

The Georgia Sea Turtle Center is an operating department of the Jekyll Island Authority, and receives financial contributions through the Jekyll Island Foundation, a public 501(c)3 under the U.S. Internal Revenue Code. EIN # 58-2583249.