

Membership Renewal/Application 2005-2006

Today's Date: _____

1. Name: _____

2. Check here if there is no change to your contact information and then skip to #9 below

3. Home Address: _____

4. City, State, Zip: _____

5. Home Phone: _____

6. Name of Organization: _____

7. Business Address: _____

8. Business Phone: _____ Fax: _____

9. Please include me in your list public notice for meeting.

10. E-Mail: _____ 11. Send Mail to: _____ Home _____ Bus.

In addition to renewing my Healthy Start Membership, I would like to make a donation at the following level (Optional):

Platinum (\$10,000+) _____ Gold (\$5,000+) _____ Silver (\$1,000+) _____
Bronze (\$500+) _____ Champion for Babies (up to \$500) _____
NEW!! Sunflower Club (\$100 per year for 10 years) _____

Thank you for joining Healthy Start of Southwest Florida to help ensure babies to have a healthy start in life. As a Healthy Start member would be receiving newsletters, special events information, etc. Please contact us if you are interested in any volunteer opportunities.