

OneJax Membership Application

Name _____

Preferred Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Evening Phone _____

Email address _____

Membership Level:

- Sustainer:** \$300 **plus**/yr (payment option to have
\$25 charged to Credit Card monthly)
- Visionary:** \$100/yr
- Family Supporter:** \$50/yr
- Individual Supporter** \$35/yr
- Full Time Student** \$10/yr

Total Amount \$ _____

Visa/MasterCard Number _____

Expiration Date _____

Signature _____

Return by Mail: 1022 Park Street, Suite 302, Jacksonville, FL 32204

Return by Fax: (904) 354-2352