



MEMBERSHIP APPLICATION

FOR YOURSELF:

GIFT MEMBERSHIP FOR:

Name _____

Name _____

Address _____

Address _____

City _____ State _____

City _____ State _____

Zip _____ Country _____

Zip _____ Country _____

Phone (_____) _____

Phone (_____) _____

E-mail address _____

E-mail address _____

Annual Membership \$15

Eye on Sacramento 250 Membership \$250

Other Amount _____

Print and mail this form with your check to:

Eye on Sacramento
PO BOX 22204
Sacramento, CA 95822

You may also pay on our web site, located at www.eyonsacramento.org

Contact Us:

contact@eyonsacramento.org

916-403-0592