

Desert Pride Center MEMBERSHIP APPLICATION



DATE _____

NEW RENEWAL

- | | |
|---|---|
| <input type="checkbox"/> \$25 INDIVIDUAL | <input type="checkbox"/> \$500 GOLD |
| <input type="checkbox"/> \$45 COUPLE (enter both names below) | <input type="checkbox"/> \$1,000 PLATINUM |
| <input type="checkbox"/> \$100 CIRCLE OF FRIENDS | <input type="checkbox"/> \$2,500 BENEFACTOR |
| <input type="checkbox"/> \$250 SILVER | <input type="checkbox"/> \$_____ OTHER AMOUNT |

Mr	Ms	Dr	FIRST NAME	LAST NAME		
Mr	Ms	Dr	FIRST NAME	LAST NAME		
STREET ADDRESS						
CITY				STATE	ZIP	
TELEPHONE (MAIN)			TELEPHONE (FAX)		TELEPHONE (CELL)	
EMAIL ADDRESS				WEBSITE ADDRESS		

Please send Newsletter and other communications by: Email Only U S Mail Only

Please charge my MasterCard or VISA as follows: Automatically renew annually using credit card

Check is included herewith (provided in person or mailed to the address shown below)

MC	VISA	CARD NUMBER
SIGNATURE		EXPIRATION DATE

Thank you for your support of the DESERT PRIDE CENTER

611 S. Palm Canyon Drive, Suite 201 – The Sun Center
Palm Springs, CA 92264 ▪ 760/327.2313 Fax 760/327.0334

WWW.DESERTPRIDECENTER.ORG

<i>Office Use Only</i>	
Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Cr Card	
<input type="checkbox"/> Membership card given at The Center	
Rev 07-05	