



SGWA Membership Form

Name (s): _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Email: _____

Payment Info:

_____ check

_____ Visa/Mastercard Card # _____

Exp. Date _____

Signature _____

\$ Amount/Membership Level

\$25/Individual _____ \$20-Student/Senior (60+) _____

\$35/Family _____ \$50/Trail Blazer _____

\$100/President's Summit Team _____

\$60/NPO Partner _____ \$1000/Corporate Partner _____

Mail to: SGWA, 34701 Mill Creek Rd., Mentone, CA 92359