

# DIMAGE, INC. MEMBERSHIP FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

SPOUSE/CHILDREN(S) NAME(S): \_\_\_\_\_

Will your spouse/children attend meetings and need a name tag? (CIRCLE ONE) YES NO

EMAIL: \_\_\_\_\_

DUES: Individual \$30.00 per year; Family \$40.00 per year, same household ONLY

CIRCLE ONE: NEW RENEWAL - CIRCLE ONE: CASH CHECK

NOTE: Please make CHECKS payable to Dimage, Inc. PAID: \_\_\_\_\_ DATE: \_\_\_\_\_

Please bring completed form with you to the next Dimage Meeting OR you can mail it to:

Dimage, Inc c/o Martin Reynolds, P.O. Box 25535, Sarasota, FL 34277-2535