

# Dimage, Inc. Membership Form

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(Please PRINT ) **NAME:** \_\_\_\_\_ **(required)**

**ADDRESS:** \_\_\_\_\_ **(New or changes only)**

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

IF FAMILY MEMBERSHIP, SPOUSE/ CHILDREN'S NAMES FOR BADGES: \_\_\_\_\_

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## REQUIRED INFO – ALL FORMS

**DUES: Individual** \$30.00 per year

**Family** \$40.00 per year (same household)

CIRCLE ONE:    **NEW**        **RENEWAL**

CIRCLE ONE:    **CASH**        **CHECK**

Make **CHECKS** payable to **Dimage, Inc**    Amount Paid: \$ \_\_\_\_\_    Date: \_\_\_\_\_    Check # \_\_\_\_\_

Please bring completed form to next meeting or mail to:    **Dimage, Inc. P.O. Box 15034, Sarasota, FL 34277**