



The S.A.G.E. Center
3138 Fifth Avenue
San Diego, CA 92103-5839
Phone: 619 298-9900
Fax: 619 298-9900

Email: sagesd@sage-sd.com
president@sage-sd.com
executivedirector@sage-sd.com

S.A.G.E. of California Membership Application

ANNUAL DONATION (Calendar Year)
\$40.00 for Individual
\$65.00 for Partners
\$20.00 (For those who join on or after July 1)

Additional contributions are welcome. Gifts beyond dues are tax deductible.

Make checks payable to:
S.A.G.E. of California, Inc.
3138 Fifth Avenue
San Diego, CA 92103-5839

If you apply by mail, please include a printed copy of this form.



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First applicant:

Name _____

Nick Name to appear on name tag (Joe, Bill, etc.): _____

Date of birth (day & month): _____

Phone Number: _____

E-Mail Address: _____

Publish name in newsletter as ... (check one):

- Full Name (e.g., John Doe)
- First Name Last Initial (e.g., John D.)
- Nick Name
- Do Not Publish

Is this application for a new member or a renewal for an active member?:

- New Member
- Renewal

Second applicant at the same address:

Name _____

Nick Name to appear on name tag (Joe, Bill, etc.): _____

Date of birth (day & month): _____

Phone Number: _____

E-Mail Address: _____

Publish name in newsletter as ... (check one):

- Full Name (e.g., John Doe)
- First Name Last Initial (e.g., John D.)
- Nick Name
- Do Not Publish

Is this application for a new member or a renewal for an active member?:

- New Member
- Renewal

Address Information:

Street Address: _____

Apartment No.: _____

City: _____

State: _____ Zip Code: _____

Please print this application and submit it with your payment.