



Jacksonville Urban League

Membership Application

Company or Individual
Name: _____

Please print or type name(s)

Address: _____

City, State Zip _____

Phone: _____ Fax: _____ E-Mail _____

Authorized Signer or Individual
Signature: _____

I am pleased to be a Jacksonville Urban League member at the following membership level as indicated:

- | | | | |
|-----------------------|-------|------------------|----------|
| • Youth | \$ 10 | • Small Business | \$ 500 |
| • Individual | \$ 25 | • Partner | \$1,000 |
| • Family | \$ 50 | • Supporter | \$3,500 |
| • Guild | \$100 | • Leader | \$5,000 |
| • Young Professionals | \$95 | • Achiever | \$7,500 |
| • Non-profits/Church | \$250 | • Pacesetter | \$10,000 |

___ My check is enclosed Check # _____

___ I prefer to charge my membership of \$ _____ to ___ Visa ___ MasterCard

___ Amex. Exp. ___ Discover CVV _____

Card No: _____ Expiration _____

Name:(Print Please) _____

Signature: _____ Date: _____

Please return form to the Jacksonville Urban League, 903 W. Union Street, Jacksonville, FL 32204

All Memberships Are Tax Deductible

Other contributions are tax deductible after the value of goods and services are deducted

COPY OF THE OFFICIAL REGISTRATION (CH1466) AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 9800-435-73520 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.