



I want to make a difference by joining the St. Petersburg Bar Foundation.

ANNUAL DUES

_____ MEMBER - \$50

ADDITIONAL GIFT

In addition to my membership as indicated above, I would like to make a gift of:
\$ _____.

My gift is in honor of _____

My gift is in memory of _____

Please send an acknowledgement to:

Name: _____

Address: _____

___ I wish this gift to remain anonymous.

Memberships & gifts to the St. Petersburg Bar Foundation are tax deductible.

___ I will mail my check payable to: St. Petersburg Bar Foundation
2880 1st Avenue North
St. Petersburg, Florida 33713-8604

___ Please charge to my MasterCard./Visa/Discover

Credit Card #: _____ Exp. _____

Billing address & zip code for credit card _____

Signature: _____ 3 Digit Security Code _____

Please complete all information for our files. Thank you.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Fax: _____

A COPY OF THE OFFICIAL REGISTRATION (#CH14392) AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION BY CALLING TOLL-FREE 800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.