

MEMBERSHIP APPLICATION

Member information

Check One: Dr. Mr. Mrs. Ms.

First Name _____

Last Name _____

2nd Member _____

Business Name _____

Address _____

City _____

State _____ Zip _____

Phone (_____) _____

Email _____

New Member

Renewing/Rejoining Member

Membership Level

Individual: \$75 individual

Family: \$100 (2 Adult members plus children)

Nonprofit Business/Organization: \$150
(501c3 or equivalent)

Small Business: \$200

Payment information

Membership Amount \$ _____

Method of payment:

Visa MC AMEX Discover

No. _____

Exp. _____ CVC # _____

LGBTQ
Welcome
Center



All are welcome.
Love is inclusive.
Not exclusive.



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ST.PETE
CLEARWATER