

Vision North Port
Developing- Inspiring-Energizing-Connecting
www.visionnorthport.org

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Referred By: _____

I wish to join Vision North Port

Annual Membership \$24.00: _____

I believe in Vision North Port's Mission and want to make an additional donation of \$_____.

Method of Payment

Make checks payable to **Vision North Port**

___ Check Attached Check # _____ Date _____

___ Cash (Amount \$ _____)

___ Please Bill Me

NOTE: Members name will be published on the Web site.

Mail to: Vision North Port, P.O. Box 7274, North Port, FL 34290

For Office Use Only

.....
Date Received _____ Board Accepted _____ Date Entered _____

Vision North Port is a 501(c) (3) Corporation