

2017-18 MEMBERSHIP FORM

Individual Membership		\$ 20.00	
Agency/0	Organization Membership	\$ 30.00	
Business	/Corporate Membership	\$100.00	
	New Membership		
	Membership Renewa	1	
Name (membe	r or contact)		
Company Nam	ne		_
Title/Affiliatio	n		_
		Business	
Fax #	Email		
*****	********	*********	**
Send this form Pinellas, Inc.)		(checks made out to REAL)
, ,	READ Pinellas, Inc	•	
	P.O. Box 53		
	<i>Largo</i> , FL 33779		

READ PINELLAS, INC., [FL REGISTRATION #CH29286] – A COPY OF THE OFFICIAL REGISTRATION & FINANCIAL INFO MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING 1-800-435-7352 OR GOING TO WWW.FLORIDACONSUMERHELP.COM. REGISTRATION DOES NOT IMPLY ENDORESEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.
