



## GOVERNMENT MEMBERSHIP APPLICATION

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Email \_\_\_\_\_

Contact Name \_\_\_\_\_ Ext. \_\_\_\_\_

Executive Director \_\_\_\_\_

Director of Volunteers \_\_\_\_\_

Do you have internet access?  YES  NO

### Method of Payment

Check Number \_\_\_\_\_  Visa  MasterCard

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Signature \_\_\_\_\_

Please remit with payment to:

Volunteer Jacksonville  
Membership  
4049 Woodcock Drive, Suite 100  
Jacksonville, Fl. 32207

*Thank you!*