



PFLAG-Tallahassee Membership Form

Annual dues are \$25.00/household; full-time students may join at \$15.00.

Primary Member Name: _____

Other household members: _____

Mailing Address: _____ Apt. _____

City/Town: _____ State: _____ Zip Code: _____

Primary email address: _____

Secondary email address (optional): _____

Primary Phone Number: (____) _____ Is this () work, () home, () cell

Do you wish to receive periodic email reminders about meetings/activities of the chapter? Y N

Membership: \$ _____ () household () student

Please make checks payable to PFLAG-Tallahassee

1407 South Meridian Street, Tallahassee, FL 32301