



**Retina Foundation
of the Southwest**
A U X I L I A R Y

MEMBERSHIP FORM

Name (First/Middle/Last) _____

How You Wish to be Listed _____ Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please select one of the following:

- Friend Membership \$50** – membership for one year
- Patron Membership \$100** – membership for one year + special recognition*
- Lifetime Membership \$250** – membership for life + special recognition*
Lifetime Memberships will increase to \$500 in 2019.

I have enclosed a check for the amount of \$ _____

Please make checks payable to Retina Foundation of the Southwest.

Please charge my American Express MasterCard Visa

Card Number _____

Expiration Date _____ CVC _____

Name on Card _____

Signature _____

Billing Address (if different from above) _____

City _____ State _____ Zip _____

**We are pleased to have you join us for the Retina Foundation of the Southwest
Auxiliary and we thank you so much for your support!**

**Founding Lifetime members will be listed on a special plaque in our office lobby to commemorate the first
year of the Retina Foundation of the Southwest Auxiliary.*