



**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
- Lifetime Membership \$500** – membership for life + special recognition

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 as a member of the Retina Foundation of the Southwest Auxiliary and we thank you for your support!

Please return completed membership form to Amy Lobner at alobner@retinafoundation.org or Retina Foundation of the Southwest, 9600 N. Central Expressway, Suite 200, Dallas, TX 75231