

Membership Card



Name _____

Address _____

City _____ State _____ Zip _____

Email: _____ Phone: _____

One-Year Membership Fee (please choose one):

- Individual** \$ 25.00 per year
- Family** \$ 50.00 per year (immediate family—living in your household only)
- Student** \$ 15.00 per year

Would you like to become a TAG Team Member?

- At this time, I would not like to become a member of TAG, but please accept my donation of _____. Please keep me in touch with all of your future activities. I wish to remain anonymous.

Payment Method:

- Check Credit Card— MC Visa Discover

Card Number _____ Exp. _____

Name on Card _____

Mail this card and your check to: TAG, P.O. Box 194, Tiffin, OH 44883