

# Central State Hospital Foundation, Inc.

## Associate Membership Application

Please print or type

Name/Title \_\_\_\_\_

Name/Title \_\_\_\_\_

Name/Title \_\_\_\_\_

Name/Title \_\_\_\_\_

Company \_\_\_\_\_

Mailing  
Address \_\_\_\_\_

City, St, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### MEMBERSHIP LEVELS

Please check which level applies

Individual - \$25

Small Business - \$100

Family - \$40

Corporate - \$200

Organization- \$50

Or, we invite you to support the foundation with a gift of cash or other contributions.

Please make tax deductible checks or money orders payable to: **Central State Hospital Foundation, Inc.** and mail to Post Office Box 1517, Milledgeville, GA 31059-1517. For more details, contact (478) 445-1757.