



Dreaming of a World Without Type 1 Diabetes

SUPPORTING JDRF ORANGE COUNTY

Membership Application

TITLE	FIRST NAME	LAST NAME		
SPOUSE OR PARTNER'S FIRST NAME		SPOUSE OR PARTNER'S LAST NAME		
ADDRESS	CITY	STATE	ZIP	
EMAIL	PHONE		BIRTHDAY (MM/DD)	
MY T1D CONNECTION: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Family <input type="checkbox"/> Friend				
<input type="checkbox"/> Please publish my contact info in the directory			<input type="checkbox"/> Please list my name only in the directory	

Membership Levels

Please indicate your preferred level of membership

JUNIOR MEMBER \$100

Available to members between 16-30 years of age. Yearly dues include one ticket to the Spring Fling Luncheon. Attendance at luncheons and participation is encouraged. *No tax deductibility.*

RETAIL PARTNER \$150

Available to retail members by invitation only. Retail partner can appoint one representative. Yearly dues include one complimentary ticket to the Spring Fling Luncheon. *\$25 tax deductible.*

ACTIVE MEMBER \$325

Yearly dues include one complimentary ticket to the Spring Fling Luncheon. Attendance at Dream Guild luncheons and events is encouraged. *\$200 tax deductible.*

PATRON MEMBER \$500

Yearly dues include one complimentary ticket to the Spring Fling Luncheon. Recognition in the Dream Guild roster as a Patron Member. *\$375 tax deductible.*

PLATINUM MEMBER \$1000

Yearly dues include one complimentary ticket to the Spring Fling Luncheon. Special recognition in the Dream Guild roster as a Platinum Member. *\$875 tax deductible.*

DIAMOND MEMBER \$10,000

Yearly dues include one complimentary ticket to the Spring Fling Luncheon and two tickets with preferred seating at the JDRF Dream Gala, with recognition as a Research Patron. *\$9,500 tax deductible.*

Please complete and return with your check or indicate credit card payment below

AMEX DISCOVER MASTERCARD VISA

CARD NUMBER	EXPIRES (MM/YY)	CVV
NAME ON CARD	SIGNATURE	DATE

Non-Solicitation Agreement

By signing above, I acknowledge that I will not use the Dream Guild Membership Roster for solicitation or sales purposes. I acknowledge it is a confidential list and should be used solely for Dream Guild purposes.

Please mail completed form to the address below. Credit card applications may be faxed.

JDRF Orange County | Sarah Smith | 2 Corporate Park, Suite 106 | Irvine, CA 92606 | Fax: 949-553-8813 | ssmith@jdrf.org

For office use only: Date Received ___ / ___ / ___ Database ___ / ___ / ___ Staff _____