



**Individual/Family Membership
2023-2024**
(please print)

Membership (Individual or Family) \$20_____

Additional Tax Deductible Gift:

\$25_____ \$50_____ \$75_____ Other_____

Membership and Gift Totals _____

Names(s)_____

Address_____

Phone_____

Email_____

**PFLAG Blairsville
PO Box 1051
Blairsville Ga 30514**