12-Month Membership	Regular	Fixed Income (Over 65/Full- time student)	Family (same address)
	\$35	\$30	\$40

Name:	
Address:	
City/State/Zip:	
Email:	
Phone:	
Web site:	

Send check or money order to: SDCWG, PO Box 270403, San Diego, CA 92198

or register with a credit card via Paypal

www.sandiegocwg.org

For Office Use	Check #	Date