SMARTER

Membership Renewal Application (Please print clearly or type)

Name:	*	nitial Tast				hor ID Mc
First		nitial Last			Mem	ber ID No.
Mailing addre	ss (if changed):	treet Address				
	3	Addiess				
	(City		State	ZIP C	Code +4
Email address	(if changed):					
□ I want to ext	tend my membersh	ip by one (1) yea	ar			\$25
□ I want to ext	tend my membersh	ip by three (3) y	ears			\$65
household to (Please complete I want to ext	tend my membersh share a joint mem an application from <u>www.</u> tend my membersh share a joint mem	bership with me <u>smarter-usa.org</u> and ip for three (3)	e submit with years and	payment fo l want a	or new sharing member	••••••••••••••••••••••••••••••••••••••
	Name of Househol ars: Additional contrib	outions of any amou	unt beyond	the requi	site member	ship fee are
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