



**MEMBERSHIP APPLICATION**

Send completed application and check to:

**CFCS (Membership)**  
**204 Larkwood Drive Ste 100**  
**Sanford, FL 32771-3643**

<i>Internal Use Only</i>
<i>Dues Paid:</i>
<i>Member ID #:</i>

**1. Select the type of membership desired:**

- Individual \$25.00     Add a Family Member \$25.00  
(Complete Section 3 Below)
- Student \$15.00 I am a registered full time student at \_\_\_\_\_ and will graduate in 20\_\_\_\_\_.
- Corporate \$100.00

**2. Individual Information**

Title: (Mr., Mrs., Etc.) \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Phone Preference: Home  Mobile

E-Mail #1: \_\_\_\_\_ E-Mail #2: \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

**3. Family Member Information**

Title: (Mr., Mrs., Etc.) \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Phone Preference: Home  Mobile

E-Mail #1: \_\_\_\_\_ E-Mail #2: \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_



The Central Florida Computer Society, Inc. (CFCS) is an all-volunteer, not for profit 501(c)(3), organization.

Would you be willing to volunteer to help? Most of the time, this will not require any technical or computer knowledge.    YES     NO

*I understand that pictures taken at meetings and or events which includes my likeness or references my name, may be published in the CFCS Bussline (newsletter), the weekly E-Blast and on the CFCS website. CFCS assures all applicants and members that it will not give or sell any information submitted on this form to any affiliate, sponsor or other organization.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_