



## MEMBERSHIP APPLICATION

Send completed application  
with check to

CFCS (MEMBERSHIP)  
Po Box 520084  
Longwood, FL 32752-0084

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Membership Chair Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Individual Membership: \$12.00 \_\_\_\_\_

*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.*