



Treasure Coast Rare Fruit Club Membership Application

Make checks payable to **Treasure Coast Rare Fruit Club** or TCRFC

\$30.00 single / \$35 family

Please **PRINT CLEARLY** your name as you wish it to appear on your name tag.

Annual membership will start January 1 and end December 31 of each year.

Date: ___ / ___ / ___ **New Member** **Renewal**

Name: _____ **Occupation:** _____

Address: _____ **Phone (home):** () _____

(cell): () _____

City: _____ **State:** _____ **Zip:** _____ - _____

E-mail: _____

Please write very clearly

Emergency Contact Name: _____ **Relationship:** _____ **Phone:** () _____

Additional Household Members:

Name: _____ **Relationship:** _____ **E-mail:** _____ **Phone:** _____



Dues: Annual Membership (January – December)

\$30 individual, \$35 family. Renewals in January.

New members: sign up Oct.-Dec, next year is included.

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Sign up at a meeting or mail this form to:

TCRFC

PO Box 9421

Port St. Lucie, FL 34985

FOR TREASURER'S USE ONLY:

Date Paid: _____ **Cash Amt:** _____

Check Amt: _____ **Ck#:** _____