**SIGNAL 8-2 CLUB OF FLORIDA**

**DUES FORM**

**DUES $20\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DONATION\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FLOWER FUND charity donation for deceased member (immediate family member) \_\_\_\_\_\_\_\_\_**

**TOTAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Members who are 75 years old or older are not required to pay dues.**

**If 75 years or older, please indicate date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE PRINT LEGIBLE AND INDICATE ANY CHANGES**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_**

**PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPOUSE NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RANK\_\_\_\_\_\_\_\_\_\_\_ FACILITY\_\_\_\_\_\_\_\_\_\_YEAR RETIRED\_\_\_\_\_\_**

**E-MAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make checks payable to Signal 8-2 Club of Florida**

**MAIL TO: SIGNAL 8-2 CLUB OF FLORIDA**

**PO BOX 881111**

**PORT ST LUCIE FLORIDA 34988**