

# CENTRAL FLORIDA SPOKES

## NEW MEMBER APPLICATION and/or RENEWAL FORM

CHECK ONE: RENEWAL\_\_\_\_\_ NEW MEMBER\_\_\_\_\_

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

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

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

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

E-Mail:\_\_\_\_\_

Birthday:\_\_\_\_\_ Interests, hobbies, talents\_\_\_\_\_

Spokes activities of most interest to you:\_\_\_\_\_

Sponsor's name:\_\_\_\_\_

Membership Dues: Membership year runs from June 1st through May 31st

\$25.00 if joining or renewing between June 1st through December 31st

\$12.50 if joining or renewing January 1st through April 30th

MAGNETIC NAME TAG IS AN ADDITIONAL \$8.00 YES\_\_\_\_\_ NO\_\_\_\_\_

Check#\_\_\_\_\_ Amount\_\_\_\_\_

Please make check payable to: Central Florida Spokes along with your application form

Central Florida Spokes  
c/o Pam Stewart  
561 Wishbone Lane  
Lake Mary, FL 32746

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

Your signature acknowledges that you are aware that Central Florida Spokes, Inc. does not provide insurance covering you or your guests while attending any event(s) promoted or sponsored by Central Florida Spokes and that your personal insurance, if any, is your sole remedy. In addition, by signing this application, you understand that you and your guests are personally responsible for any injury or harm while attending a Spokes event.

Central Florida Spokes is a nonprofit corporation and registered with the State of Florida as a charitable organization.

Office use only: Check Received \_\_\_\_\_ Amount Paid \_\_\_\_\_