

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
PO Box 915493
Longwood, FL 32791-5493
Attention: Membership

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 501(c)7(non-profit, social) corporation and registered with the State of Florida as a charitable organization.

Office use only: Check Received _____ Amount Paid _____