



Membership application:

Name: _____

Address: _____

_____ Zip _____

Email: _____

Telephone: _____

Please make checks payable to: **Coastal Wildlife Club, Inc.**

And Mail to **CWC, PO Box 2022, Englewood, FL 34295**

Please select membership level:

\$ 10.00 Individual

\$ 20.00 Family

\$ 50.00 Supporting

\$ 100.00 Sea Turtle Star

\$_____ Other

I am interested in volunteering for turtle patrol and I understand that membership does not automatically enroll me in turtle patrol.

**A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING 1-800-HELP-FLA (435-7352). Website www.FloridaConsumerHelp.com
REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. COASTAL WILDLIFE CLUB, INC.
REGISTRATION#: CH48542**