



## ANNUAL DUES PAYMENT - \$50/year

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ H M

EMAIL: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

COMPANY WEBSITE: \_\_\_\_\_ PHONE: \_\_\_\_\_

NEW       RENEWAL       1 YEAR       2 YEARS       CHECK       CASH

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Feel free to bring this Membership Form to a meeting with your payment.

Or mail it to: PO Box 474, Crystal River, FL 34432

Or call Mike at 352-795-7033