

# CAFA New Membership Application

Application Date: \_\_\_\_\_

## For Official Use

Date Approved: \_\_\_\_\_

President's Signature: \_\_\_\_\_

**Application Type:**    **Single Membership**      
                                  **Couples' Membership**   

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ (MM/DD)

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender: Male     Female     Marital Status: Single     Married     Widowed

If Married, Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ (MM/DD)

How long have you lived in Central Florida? \_\_\_\_\_

How many children live in your household? \_\_\_\_\_

### *Please Give One Referral*

Name: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

### *Indicate with a check mark the committee/s you would most likely be interested in serving on.*

Building     Medical     Service & Education,     Finance & Audit     Membership   
Fund Raising/Entertainment     Newsletter Publication     Marketing/Public Relations

### **Membership Fees:**

Single Membership: **\$40.00**

Couples' Membership: **\$50.00**

**I agree to be governed by the By-Laws of the Organization.**

**Signature:** \_\_\_\_\_

### **Application & Fees Mailing Address**

Caribbean and Floridian Association, Inc.

Attn: New Membership

P.O. Box 450786

Kissimmee, Florida 34743-0786

### ***Electronic Fee Payment Methods:***

CashApp: \$CAFAINC

Zelle: [treasurer@cafainc.org](mailto:treasurer@cafainc.org)

(Add to memo field: **New Membership Fee**)

**Caribbean And Floridian Association, Inc.**  
**"Each One Tell One"**

**A 501(c)(3) Organization**  
**Rev. 8/2021**