

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: **\$50.00**

Couples' Membership: **\$70.00**

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

(Add to memo field: New Membership Fee)

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

A 501(c)(3) Organization
Rev. 01/2024