| Membership Application | | |
| --- | --- | --- |
| Applicant Information | | |
| Name: | | |
| Date of birth: | SSN: | Phone: |
| Current address: | | |
| City: | State: | ZIP Code: |
|  |  |  |
| Please place a check by appropriate membership | | |
| Individual Membership - $60.00 annually \_\_\_\_\_\_\_\_\_\_\_ | | |
| Service Affiliation | | |
| Veteran\_\_\_\_\_\_\_\_\_\_\_\_ Non-Veteran\_\_\_\_\_\_\_\_\_\_ Branch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank\_\_\_\_\_\_\_\_\_ | | |
| Employment Information | | |
| Current employer: | | |
| Employer address: | | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: |  |  |
| Emergency Contact | | |
| Name of a relative not residing with you: | | |
| Address: | | Phone: |
| City: | State: | ZIP Code: |
| Relationship: | | |
| Spouse Information if joint membership | | |
| Name: | | |
| Date of birth: | SSN: | Phone: |
| Spouse Employment Information | | |
| Current employer: | | |
| Employer address: | | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: |  |  |
| Signatures | | |
| I authorize the verification of the information provided on this form. I have received a copy of this application. | | |
| Signature of applicant: | | Date: |
| Signature of spouse (only if for a joint membership): | | Date: |

* Mail application and Annual fee by check or money order to:

***37 North Orange Ave, suite 500, Orlando, Florida 32801***