

PO BOX 90 SANFORD FL 32772-0090

MEMBERSHIP APPLICATION

	() New Member	() Renewal	
	PLEASE CHECK TYP	E OF MEMBERSHIP	•
() INDIVIDU	JAL \$20 () STUDEN \$100	IT & MILITARY \$10	() CORPORATE
PLEASE PRINT LEGIBLY			
Name			
Address			
City	State	Zip	
Home Phone	Cell		
Email			
PLEASE MAKE CHE All donations and membership is provided as required by the 1 (CH22760) and financial inform free with the state 1-800-435-7 the State. This organization do contributions received.	1991 Florida "Solicitation of C nation may be obtained from 352. Registration does not in	ww.obbs.org a charitable contribution Contributions Act." A contribution of Consumply endorsement, app	n. The following information opy of the official registration umer Services by calling to roval or recommendation by
	Paymen		
Credit car	d type	Amount \$	
Check	Cash Amount \$ /money order #		
	money order #		
TEMPORARY MEMBERSH card is received in mail. C	ards are mailed within 3	s your membership 0 days of purchase	card until permanent
Expires:	Processed by:		