

The Florida Commodores Association

Full Membership Application
(Full Membership is open to Past Commodores and current Commodores and Vice Commodores)

I accept the invitation to join and hereby a	pply for	membership in the l	Florida Comn	nodores Association
as a member of				_Chapter or as an
At-Large Member (no Chapter affiliati	ion.)			
Last Name:		First Name:		
Name of Spouse or Domestic Partner:				
Street Address:				
City:				
Home Phone:		Business Phone:		
Cell Phone:		Fax:		
e-mail:				
Yacht Club where you were/are Commodore:				
Address of above Yacht Club:				
I agree to abide by the Bylaws and the Policies and Procedures of the Florida Commodores Association.				
Enclosed is my check payable to "Florida Commodores Association" for: (please check one): \$25 (At-Large Member) or \$20 (Individual Member)				
Signature:		I	Date:	
Approved by:				
Chapter Officer:		Title:		Date:
Completed application and check should be	e sent to	: Florida Com P.O. Box 488		
FCA Membership Officer:		D	ate:	