



MEMBERSHIP APPLICATION:

Send completed application and check to:
CFCS (New Member)
 204 Larkwood Drive Ste 100
 Sanford, FL 32771-3643

Select the type membership desired: _____

- Individual \$40.00 Add a Family Member for _____ (no newsletter)..... \$24.00
 Student\$24.00 I am registered full time student # _____ at _____ and will graduate in 20__.
 Corporate.....\$132.00

SECTION -1: INDIVIDUAL & CORPORATE REPRESENTATIVE INFORMATION:

Title: (Mr, Mrs., Ms., Miss, Dr.) _____ First Name: _____ MI: _____ Last Name: _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Alternate address for mail when I call or e-mail membership@cfcs.org to activate.
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Telephone #: _____ e-mail address: _____
 Occupation: _____ Spouse's Name: _____

X	COMPUTER INTERESTS	Skill Levels		
		LOW	MED	HIGH
	Word Processing			
	Spreadsheets			
	Graphics			
	Databases			
	Internet			
	Web Site Development			
	Operating Systems			

X	COMPUTER INTERESTS	Skill Levels		
		LOW	MED	HIGH
	Advanced Technology			
	Hardware			
	Networking			
	Accounting applications			
	Investing applications			
	Tax applications			
	Other:			

X	VOLUNTEER INTERESTS
	Meeting setup activities
	Greet guests & members
	Newsletter reporter
	Software/Book review
	Photographer
	Photo Editor
	Perform data entry

X	VOLUNTEER INTERESTS
	Give demonstrations
	Lead a Special Interest Group
	Present programs
	Publicity activities
	Solicit advertising
	HELPLINE resource
	Audit records & processes

X	VOLUNTEER INTERESTS
	Assist in Web maintenance
	Assist in monthly Newsletter preparation / distribution
	Assist in News Update efforts
	Assist in arranging for presentations / programs
	Assist at computer shows

SECTION - 2: CORPORATE MEMBERSHIP INFORMATION

NOTE: The person identified in section 1 above will be the "official corporate representative" who will receive a membership card. A newsletter will be emailed to that address unless you check this block thereby directing the newsletter to be emailed to that person at the corporate address below.

Name: _____ Corporate Phone #: _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Office Name/ mail Code/stop _____ POC for advertising: _____
 Your Title: _____ Your Name: _____ Your e-mail address: _____

I understand that pictures taken at meetings or events which include me, may be published along with my name in the CFCS Bussline (newsletter) and on the CFCS web site. Also, that CFCS will not give or sell information submitted on this form to any affiliate, sponsor or other organization.

Signature: _____ Date: _____