

**Council of Fort Lauderdale Civic Associations
Membership Application**

PO Box 30106
Fort Lauderdale FL 33303
CFLCA.org

April 1 2015 to March 31 2016

ASSOCIATION NAME _____

Association Address _____

Association President _____

Presidents phone # _____ **E-MAIL** _____

REPRESENTATIVE NAME _____

Representative Address, _____

TELEPHONE:

Home _____ Work _____ Cell _____

FAX _____ **E-MAIL** _____

ALTERNATE NAME _____

Alternate Address _____

TELEPHONE:

Home _____ Work _____ Cell _____

FAX _____ **E-MAIL** _____

Boundary Map (Only if the boundary has changed since last year)

Is your Association recognized by the City of Fort Lauderdale? yes no

What is your Commission District _____

Other documents may be requested if additional issues arise such as: By-Laws, State Incorporation Certification Newsletters, election results etc. This application form must be returned with your \$50.00 check to be eligible for membership. Please fill it out completely so we can update our records.

Submitted by: _____ Position (officer) _____

Signature: _____ Date: _____

Thank you for your continued support of the Council