

## The Council of Fort Lauderdale Civic Associations Membership Application

PO Box 30106, Fort Lauderdale, FL 33303 [www.CFLCA.org](http://www.CFLCA.org)

Please complete this form & provide it to the CFLCA V.P. at the next  
General Meeting or email this form/information to:  
**MARYPELOQUIN@GMAILCOM**

**April 1, 2020 to March 31, 2021**

**Membership Rates: Civic Association \$50, Non-Voting Business Member \$100**

|  |                               |
|--|-------------------------------|
| <b>ASSOCIATION NAME</b>                            |                               |
| Association Address                                |                               |
| Association Webpage                                |                               |
| Association President                              |                               |
| President Phone #                                  |                               |
| President Email                                    |                               |
| Association Commission District                    | <b>1 2 3 4 (circle one)</b>   |
| Association Recognized by City?                    | <b>Yes or No (circle one)</b> |
| <b>REPRESENTATIVE NAME</b>                         |                               |
| Date Rep. Appointed By Association Board           |                               |
| Representative Phone #                             |                               |
| Representative Email                               |                               |
| <b>ALTERNATE REPRESENTATIVE NAME</b>               |                               |
| Date Alternate Rep. Appointed By Association Board |                               |
| Alternate Representative Phone #                   |                               |
| Alternate Representative Email                     |                               |

Other documents may be requested such as: By-Laws, Articles of Incorporation, Minutes, Newsletters, Election Results, etc. This application form must be returned with your check PTO Council of Fort Lauderdale Civic Associations or online payment to be eligible for membership. Please fill it out completely so we can update our records. Please notify the CFLCA in the event of leadership/designated representative or alternative change.

|                                 |  |
|---------------------------------|--|
| Officer Submitting Form & Title |  |
| Signature of Officer            |  |
| Date                            |  |

|          |                      |
|----------|----------------------|
| CHECK #: | ONLINE PAYMENT DATE: |
|----------|----------------------|