

CENTRAL BEACH ALLIANCE
2017 MEMBERSHIP APPLICATION

(PLEASE FILL IN ALL BLANKS & PRINT CLEARLY)

- _____ Individual Member (\$20 annually)
- _____ Couples membership (\$30 annually) (one address –two votes)
- _____ Condo Association (\$75 annually) (corporate check & application)
- _____ Business Member (non-voting) (\$50 annually)
- _____ Business Sponsor (non-voting) (\$250 annually)

NAME (Please print clearly) _____

NEW MEMBER _____ or **RENEWAL** _____

CONDO NAME: _____

ADDRESS: _____

APARTMENT #: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: (____) _____

CELL PHONE: (____) _____

E-MAIL ADDRESS: _____

VOTING REPRESENTATIVE NAME: _____

(for condo associations only)

ALTERNATE VOTING REPRESENTATIVE: _____

(for condo associations only)

PAYMENT AMOUNT ENCLOSED: _____ Check # _____

Please make checks payable to “Central Beach Alliance” and mail to:

Central Beach Alliance PO Box 2093 Fort Lauderdale, FL 33303

If you would like to pay with PAY PAL please go to our website: cbaftl.com

