



P. O. BOX 2467 - ORLANDO, FLORIDA 32802
WWW.IACC-CFL.COM

Membership Application

Member Information: _____ **Date:** _____

First Name: _____ **Last Name:** _____

Business Name: _____

Nature of Business: _____

Mailing Address: _____

Phone #1: _____ **Phone #2:** _____

Email: _____

Website: _____

Committee Involvement Preference

(Mark all that interest you)

Cultural | Governmental | Membership | Networking

Payment Information

Method:

Cash Check _____
Check No.

Signature: _____

Annual Membership Fees

- | | | |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Founding Member: | \$1000. |
| <input type="checkbox"/> | Corporate Sponsor: | \$500. |
| <input type="checkbox"/> | Individual: | \$100. |
| <input type="checkbox"/> | Family: | \$110. |
| <input type="checkbox"/> | Students & Senior Citizens: | \$10. |