

CFCDC

Membership Application Form

I hereby apply for membership with CFCDC, and I am over 18 years old? (Please Circle One) **Yes** or **No**

I.	Type or print full name:		
II.	Marital Status: _____ (optional) Husband's or Wife's Name:		
III.	Residence:		
IV.	How long at this address:	Telephone:	E-mail Address:
V.	Business Address:	Telephone:	
VI.	Are you Employed or Retired? (Please circle one): Employed or Retired . Have you been a member of CFCDC in the past? (Please circle one) Yes or No . If yes, what year? _____		
VII.	What are some of your community interests?		
Targeted Service Areas: <i>Volusia County</i> - De Land, Daytona Beach, and New Smyrna; <i>Brevard County</i> – Titusville, Cocoa and Melbourne; <i>Seminole County</i> – Midway, Sanford and Longwood; <i>Flagler County</i> – Palm Coast and Bunnell; <i>St. John's County</i> – Hastings and St. Augustine, <i>Putnam County</i> - Palatka			
IX.	Memberships in other organizations:		
	Name	Street	City State
X.	Are you willing to dedicate time to serve on community development projects and committees? (Please circle one) Yes or No		
XI.	Brief biography (please highlight talents that you think may be useful to CFCDC)		
XII.	Signature of applicant:	Date:	