



MEMBERSHIP APPLICATION

First Name : _____ Last Name: _____

Street Address: _____ Apt/Suite/Lot: _____

City _____ State: _____ Zip: _____

Phone #: _____ IPS Member: Yes _____ No _____

E-mail: _____

Membership Type: _____ 1 Year (\$20 USD)
_____ 3 Years (\$55 USD)

If mailing in please send along with your payment to:

**Tracy Hines - CFPACS Treasurer
250 North Causeway
New Smyrna Beach, FL 32169**

CFPACS use only below this line

PAID: cash _____ check no. _____

EVENT & DATE: _____