



MEMBERSHIP APPLICATION

First Name: _____ IPS Member (?): __Yes __No

Last Name: _____ Phone: () _____ - _____

Email Address: _____

Street Address: _____

Apt./Lot/Suite: _____

City: _____ State: _____ Zip Code: _____

Membership Type:

_____ 1 Year (\$20 USD)

_____ 3 Years (\$55 USD)

Mailing your membership?

Please send this form, 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 #: _____

DATE: ____ / ____ / _____ EVENT: _____