

AFPOA MEMBERSHIP APPLICATION/RENEWAL

* Mandatory fields

MEMBERSHIP YEAR _____

Today's Date: _____

MEMBERSHIP LEVEL (Circle one)

Property Owner \$40.00 (USD)

Cash: ____

Associate (Renters) \$40.00 (USD)

Check # _____

*FIRST NAME(S) _____

*LAST NAME(S) _____

ASTOR Address:

*Street _____

Astor, FL 32102

Alternate Address: (Optional)

Street: _____

City: _____

State: _____

Zip: _____

*E-Mail-1: _____

E-Mail-2: _____

*Mobile Phone: (example 321-111-2222) _____

Secondary Phone: (example 321-222-3333) _____

Skills and/or Talents you can share with AFPOA:

Mail to: AFPOA, P.O. Box 114, Astor, FL 32102