



MEMBERSHIP APPLICATION

First Name: _____

PalmTalk S/N: _____

Last Name: _____

IPS Member(?): _____ Yes _____ No

Phone: () _____ - _____

Email Address: _____

Street Address: _____

Apt/Lot/Suite/Unit: _____

City: _____ State: _____ Zip Code: _____

Membership Type

_____ 1-Year (\$30 USD) _____ 3-Year (\$75 USD) _____ Lifetime (\$500 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: _____