



MEMBERSHIP APPLICATION

First Name: _____ PalmTalk S/N: _____

Last Name: _____ IPS Member(?): _____ Yes _____ No

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: _____