



5570 S US Highway 17-92, Casselberry, FL 32707 [www.iaccfl.org](http://www.iaccfl.org)

## Membership Application

Date: \_\_\_\_\_ Active Member Since: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer/Business Name & Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Website: \_\_\_\_\_

Educational Status (Level of Education & List of Institutions): \_\_\_\_\_

Family Status: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Email: \_\_\_\_\_

Children (Name & Age): \_\_\_\_\_

Committee Involvement Preference (Mark all that interest you):

Cultural      |  Networking      |  Legislative      |  Membership

Signature: \_\_\_\_\_

*\*Please use the next page, in case of candidacy for Board of Directors – for background check & security purposes.*

**\*Social Security Number:** \_\_\_\_\_

**\*References:**

<b><u>Reference #1</u></b>	<b><u>Reference #2</u></b>	<b><u>Reference #3</u></b>
Name: _____	Name: _____	Name: _____
Phone #: _____	Phone #: _____	Phone #: _____
E-mail Address: _____ _____	E-mail Address: _____ _____	E-mail Address: _____ _____

**\*Other Memberships:**

<b><u>Organization #1</u></b>	<b><u>Organization #2</u></b>	<b><u>Organization #3</u></b>
Name: _____	Name: _____	Name: _____
Location: _____	Location: _____	Location: _____
Position: _____	Position: _____	Position: _____

**\*Short Bio:**

**Signature:** \_\_\_\_\_