



# MEMBERSHIP APPLICATION

The Family Christian Association of America, Inc.

Please print this form, fill out all information and MAIL your donation, along with payment to:

The Family Christian Association of America, Inc.

Attn: Development  
14701 N. W. 7th Avenue  
Miami, FL 33168-3103

## Personal Information

Title \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Firm: \_\_\_\_\_ Position: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Children's Names & Ages: \_\_\_\_\_ Birthdates: \_\_\_\_\_

### Levels of Participant Membership (Select One)

- Youth (18 & under) - \$25
- Senior (60 & older) - \$25
- Individual—\$50
- Family -\$100

### Levels of Charitable Contribution (Select One)

- Donor - (\$100-&999)
- President's Circle - (\$1,000 & above)
- Chairman's Circle - (\$2,500 & above)
- Capital Fund \$ \_\_\_\_\_
- Contingency Reserve \$ \_\_\_\_\_
- Endowment Fund \$ \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Member #: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_ Data Entry Initial: \_\_\_\_\_  
 Method of Payment: \_\_Cash \_\_Check \_\_Credit Card \_\_MC \_\_Visa \_\_AMEX  
 Please bill my Card \$ \_\_\_\_\_ Card No: \_\_\_\_\_ Expires: \_\_\_\_\_  
 Name as it appears on card: \_\_\_\_\_ Secured By: \_\_\_\_\_  
 Signature: \_\_\_\_\_

### Your contribution is tax-deductible!

Florida Department of Agriculture & Consumer Services Registration No: SC-00148 "A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING 1-800-435-7352. THE REGISTRATION DOES NOT IMPLY ENDORESMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."