



Membership Application

The Family Christian Association of America, Inc.

14701 NW 7th Avenue

Miami, FL 33168-3103

T: 305.685.4881

F: 305.685.4886

www.fcaafamily.org

PERSONAL INFORMATION

Title: First Name: Last Name: Address: Date of Birth: City: State: ZIP: Email: Home Phone: Firm/Organization: Business Phone:

YOUR DONATION

Levels of Participatory Membership (Select One)

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

Levels of Sustaining Membership (Select One)

- Donor—(\$100 - \$999)
President's Circle—(\$1,000 - \$2,499)
Chairman's Circle—(\$2,500 & above)

Amount Enclosed:

SELECT METHOD OF PAYMENT

Check: Cash: Credit Card: (Make check payable to FCAA) (Complete information below)

Credit Card Information

Name as it appears on credit card: Type of Card: Credit Card Number: Authorized Amount: Expiration Date: Security Code:

I hereby FCAA to charge the above amount to the credit card and number listed:

Authorized Signature: Date: (Required for all charges)

OPTIONAL (Select one Section)

Memorial Gift Information

Tribute Gift Information

This gift is in memory of: Please send gift acknowledgement to: Name: Street Address: City: State: ZIP

This gift is in honor of: Please send gift acknowledgement to: Name: Street Address: City: State: ZIP

FOR OFFICE USE ONLY

Date Received: Date Processed: Method of Payment: Secured by: Member #: Data Entry Initial: Receipt #: Cash: Check: New: Renewal

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 ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."