

Membership Application

Official use only:

Membership #: _____
 Membership fee: \$ _____
 Method of Payment: _____
 Receipt #: _____
 By: _____

Category of Membership (Choose One): New Renewal

Name: _____
 First Middle Initial Last

Permanent/Mailing Address: _____

Mobile Phone Number
 (____)____-____
 Business Phone Number
 (____)____-____

Email Address: _____

Please indicate how you learned about CIASF: _____

- Are you interested in becoming actively involved? (please choose one below)
- Yes, I would like to become actively involved, and have time to devote.
 - Yes, I would like to become actively involved, but have limited time to devote.
 - No, I do not wish to be actively involved, but do wish to take advantage of CIASF membership benefits.

To become a member, please **fill out this application completely** and submit it with your **membership fee of \$250** to info@ciasf.com or mail to:

CIASF
 c/o Cristina Mas
 13621 Deering Bay Drive #404
 Coconut Grove, FL 33158

CIASF – please process this application as soon as you can so that I can begin to enjoy member benefits.

Applicant Signature: _____ Date: ___/___/____

The CIASF Individual Membership Fee is \$250 per year. This fee is non-refundable and will be used towards CIASF events and networking opportunities.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number: _____	CVV: _____
Expiration Date (mm/yy): _____	
Cardholder ZIP Code (from credit card billing address): _____	

CHECK HERE TO **OPT OUT** OF AUTOMATIC ANNUAL RENEWALS