

# Membership Application

Category of Membership (Choose One):      New      Renewal      Corporate

Name: \_\_\_\_\_  
                     First                                      Middle Initial                                      Last

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

Mobile Phone Number  
 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Business Phone Number  
 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

<b>Official use only:</b>
Membership #: _____
Membership fee: \$ _____
Method of Payment: _____
Receipt #: _____
By: _____

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 (\$250 for individual membership or \$600 for corporate membership)** to [info@ciasf.com](mailto:info@ciasf.com) or mail to:

CIASF  
 c/o Victoria Albury  
 1202 Seneca Falls Drive  
 Orlando, FL 32828

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

Applicant Signature: \_\_\_\_\_                                      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***To become a member, please fill out this application completely and submit it with your membership fee. The CIASF individual membership fee is \$250, and the corporate membership fee is \$600 which includes three (3) individuals from your company. This fee is non-refundable.***

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 the card): _____	
Card Number: _____	CVV: _____
Expiration Date (mm/yy): _____	
Billing Address: _____	

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