



friendship force

Southwest Florida

Membership Application

Please complete this form and mail with payment to: **Jack Cooley** 24464 Riverfront Dr.
Port Charlotte, Fl. 33980 Make Checks Payable to: **Friendship Force SW Florida**

Please Print

Date: _____
Name(s) _____
Address _____

Phone Number(s) _____
Email _____

If Part Time Floridian: Months in Southwest Florida: _____

Occupation (if retired list former) _____

Foreign Languages Spoken _____

Hobbies/Special Interests or Training _____

Areas of Interest in Friendship Force (check all that apply)

- Ambassador (Outgoing Journey) Host (Incoming Journey) Day Host
- Telephone committee Membership committee Publicity Newsletter
- Website Mailing Activities Programs Fund Raising
- Journey Coordinator (JC) Officer Other _____

1 Dues \$35 per person + \$12 for name badge = \$47 per person
X # people _____

2 Associate Membership \$10 per person _____

3 Donation (tax deductible) _____

Amount Enclosed (add amount on lines 1, 2 and 3) _____