



The Family Christian Association of America, Inc.

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Miami, FL 33168-3103

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www.fcaafamily.org

MEMBERSHIP APPLICATION

Personal Information

Title _____ Last Name: _____ First Name: _____

Address: _____ Birthdate: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Preferred E-mail Address: _____

Firm: _____ Position: _____

Spouse: _____ Birthdate: _____

Children's Names & Ages: _____ Birthdates: _____

Your Donation

Participatory Membership Levels (Select One)

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

Sustaining Membership Levels (Select One)

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

Sustaining Membership Levels (Select All That Apply)

- Family Services \$ _____
- Youth Development \$ _____
- Sports \$ _____

Amount Enclosed: \$ _____

Select Method of Payment

Check Payable to: FCAA Check # _____ Cash MasterCard Visa Discover

American Express Authorized Amount: \$ _____

My Card Number is _____ Expiration Date: _____ / _____

Authorized Signature: _____ Date: _____

(Required for all charges)

FOR OFFICE USE ONLY

Date Received : _____ Member #: _____ Receipt #: _____

Date Processed: _____ Data Entry Initial: _____

Method of Payment: Cash Check

Secured by: _____ 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 ENDOREMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."