

**NEWCOMERS OF CENTRAL FLORIDA, INC.
MEMBERSHIP FORM 2019-2020**

Newcomers of Central Florida, Inc. is a club with a membership year that begins June 1 and ends May 31. Renewal dues are payable from June 1 to July 31 of the current year. There will be a \$5 reinstatement fee if not paid by July 31. New members are accepted all year. Dues are \$25 per year or \$12.50 for those first-time members joining January-May. Please mail this **signed and completed form** along with a check payable to Newcomers of Central Florida, Inc. to:

Brenda H. Jones, 677 Oneida Lane, Winter Springs, FL 32708
Home: (407) 366-7751

MEMBER INFORMATION

Name: Last _____ First _____ Husband: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Subdivision: _____

Telephone: Home: (____) _____ Cell: (____) _____ E-mail _____

Date of Birth: Month _____ Day _____ Originally from _____

Leadership/major positions held in other organizations: _____

Activities interested in: _____

Please send my newsletter either by (please check one only)

_____ E-mail (no additional cost) or

_____ USPS mail (an additional \$12 annually/\$6 for those new members joining Jan.-May, which covers the incremental cost of printing and mailing the Chatter) **

** If you wish to have your Chatter issues mailed to you, you are welcome to do so. However, due to rising printing and postage costs, we are no longer able to print and mail your issues at no additional cost. Copies of the current and past Chatter issues are also available on our website: www.newcomersefl.org

I am interested in helping with: Ways & Means____, Helping Hands____, Outreach____, Reservations____, Fashion Show____, Photography____, Newsletter____, Publicity____, Hospitality____, Activities/Games____, Programs____, Luncheons____, Special Events____, Scrapbook____, Book Club____, Inside the Arts____.

NEWCOMERS OF CENTRAL FLORIDA RELEASE

I hereby release Newcomers of Central Florida, Inc., as well as all past, present and future directors and all persons in privities with the organization and directors individually or in any combination, from any and all claims of every kind and character, or are hereafter to arise, directly or indirectly, resulting from meetings or activities associated with the organization and damages resulting there from by whomsoever suffered. Further, I do covenant to and with the parties in whose favor this release is executed that I am authorized to execute this release. And I do hereby indemnify the party in whose favor this release is executed and will save and hold each harmless from any claim on the part of anyone whomsoever. I certify that I have read the above and the foregoing release and hereby agree to its contents.

Member Signature: _____ **Date:** _____

Paid By: Check # _____ Cash _____ Total Amount _____

New Member _____ Renewal _____

How did you hear about Newcomers of Central Florida, Inc.? _____

For Membership Chairperson Only:

Date Received: _____ Amount Paid: _____ Signature _____