

**THE CARIBBEAN -AMERICAN ASSOCIATION OF LAKE
COUNTY**

614 E Hwy 50
Clermont, FL 34711
352- 978- 0813

MEMBERSHIP APPLICATION

New member ____
Membership renewal ____
Associate member ____

Guest of: _____

DATE _____

NAME _____

ADDRESS _____

HOME PHONE _____

CELL PHONE NUMBER _____

E MAIL ADDRESS _____

OCCUPATION _____

Country of origin _____

Membership dues are \$50.00 annually. Please make checks payable to: The Caribbean Association of Lake county. Completed forms and payments may be mailed to the above address.

Please sign up for committees of interest. You may sign up for as many as your wish.

Budget Committee ____

Entertainment and Fundraising ____

Membership/public relations ____

Building ____

Hospitality ____

Official Use only:

Paid _____

Welcome letter sent _____

Membership packet given: _____ Name Tag: _____