



2024-2025 Membership Form

Annual Membership is June 1 – May 31

Renewal _____

New Member _____

Date _____

You can join or renew online at tfonsa.org or fill out the form below and mail it along with your check made payable to "TFONSA":

Last Name _____ First Name _____

Last Name _____ First Name _____

Title (please circle) Mr. Mrs. Ms. Mr. & Mrs. Dr. Other _____

Membership Dues:

Individual Member - \$40 _____ Individual Patron Member - \$115 _____

Family Membership - \$70 _____ Family Patron Membership - \$145 _____

Email address – 1 _____

Email address – 2 _____

Mobile number _____

Second number _____

Street Address _____

City _____ State _____ Zip _____

Please let us know what committee interests you:

Fundraising _____ Finance _____ Hospitality _____

Membership _____ Communications _____ Education _____

Event Planning _____ Social Media _____

Other: _____

TFONSA

PO Box 6301

Clearwater, FL 33758-6301