



Pride-SWFL, Inc.
P.O. Box 151966
Cape Coral, FL 33915
PrideSWFL.com

Membership Application Form

If you would like to become a member of Pride-SWFL, Inc., renew your membership or update your contact information please complete and submit the following form.

Membership fees are fifteen dollars (\$15) (per individual) or twenty five dollars (\$25) for a business. Fees are not prorated based on payment date. All memberships run a calendar year and expire on December 31st of each year. Renewals are due on January 1st of every year. Make checks payable to: Pride-SWFL, Inc.

If this is a new membership or a membership renewal, please send the required membership fee to the address above or you can email it to info@prideswfl.org and pay membership fee at prideswfl.com.

PART 1 TYPE OF APPLICATION

ARE YOU A NEW MEMBER OR A RENEWING MEMBER?
[] NEW MEMBER [] RENEWING MEMBER

PART 2 MEMBERSHIP INFORMATION

FIRST & LAST NAME (as it appears on ID or Registered Name of Business)
PREFERRED NAME (if applicable) and or contact person for Business Membership
STREET ADDRESS
CITY/TOWN STATE POSTAL CODE
EMAIL PHONE NUMBER
May we contact you at any of the above? If no, please specify: [] YES [] NO
Are you interested in volunteering? [] YES [] NO

Pride - SWFL, Inc. does not list member's full names on the Pride - SWFL, Inc. website or distribute member's full names and contact information to other entities without your written permission. Please let us know of any changes to your contact information. Forward any updated changes to info@PrideSWFL.org.

I, (full name & occupation*) _____, of (postal address*) _____ desire to become a member of Pride-SWFL, Inc. I, certify that I am over the age of 18 and that I meet the qualifications of this corporation. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Signature: _____ Date: _____

Office Use

Certification of Secretary

I hereby certify, based on the above information contained in this application, that the applicant meets the requirements of this Corporation. With my signature below this applicant is hereby a member of Pride - SWFL, Inc. and is entitled to all the privileges thereof.

Secretary of Pride - SWFL, Inc.: _____ Date: _____

Method of payment [] Cash [] Credit Card [] Check / Check #: _____ Date Received: _____