

HOW TO JOIN US:

Complete the Membership Application Form below and send, with your membership dues, to:
Polk County Family Caregivers, Inc., 1232 E. Magnolia Street, Lakeland, FL 33801-2126.

Membership Dues:

\$10.00 per personal member.

\$50.00 per corporate member (unlimited number of persons)

Dues are payable by the November meeting for the following year.

MEMBER APPLICATION FORM
MEMBERSHIP FEE: \$10 Personal; \$50 Business
Mail to: Polk County Family Caregivers, Inc.
1232 E. Magnolia Street, Lakeland, FL 33801-2126

- Name: _____
- Address: _____
- City: _____
- State: _____ Zip: _____
- Phone: _____ Alt. Ph.: _____
- E-mail: _____
- Male: _____ Female: _____ Age: _____
- I am a:
Caregiver _____ Social Worker _____
Business Owner: _____ Professional: _____
In the field of: _____