

Name:
Address:
City, State, ZIP:
E-mail: (VERY IMPORTANT)
Occupation:
Phone: - - Where's your Hometown?
Membership # or New Member... referred by
Amount enclosed: (Renewal \$20) (New Membership \$20) (Everyone after Sept. \$25)
Today's Date: Cash Amount: (or) Check #

1 form per person. Mailing Address: Central FL Packer Backers, PO Box 3027, Winter Park, FL 32790-3027

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