



Make all checks payable to:
Community Service Council of West Pasco, Inc.
P.O. Box 74 • New Port Richey, FL 34656-0074

OFFICE USE ONLY	
Amount Rec'd	_____
Check #	_____
Date	_____
Initials	_____

MEMBERSHIP APPLICATION

Please Type or Print And Press Hard

PAYMENT MUST ACCOMPANY THIS APPLICATION - Membership Year is from January 1 - December 31

\$50 BUSINESS MEMBERSHIP

\$25 INDIVIDUAL MEMBERSHIP

Individual Memberships will not be allowed to participate in any Expo or in any Brochure Exchange. Only your name, address, phone number and e-mail will appear in the Directory or Directory Update.

Member's Name/ Voting Delegate: _____

PERSONAL INFORMATION

Date of Birth: _____ Gender: Female Male
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone (_____) _____ Personal Cell Phone: (_____) _____
 Personal E-mail Address: _____
 Partner's Name: _____ Wedding Date: _____

Agency Membership Dues 1 Year \$50.00 Individual Membership Dues 1 Year \$25.00
 Additional Fee after January 31, 2010 \$10.00
 Directory Ads:
 Full Page Center - Left or Right \$250.00 Full Page \$200.00 1/2 Page Ad \$150.00 1/4 Page Ad \$75.00
 Business Card Ad \$50.00
 Focus Ads:
 Business Card - 12 months \$100.00

TOTAL _____

BUSINESS INFORMATION

Business Name: _____
 Your Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Business Phone (_____) _____ Business Fax: (_____) _____
 Business E-mail Address: _____

PROGRAM/BUSINESS DESCRIPTION TO BE USED IN THE CSC DIRECTORY:
 (50 words or less - you may write "Use last year's information" if there are no changes to your description)

**PLEASE MAKE CHECK PAYABLE TO: COMMUNITY SERVICE COUNCIL OF WEST PASCO
 OR CHARGE PAYMENT TO YOUR MASTERCARD OR VISA**

To Pay By Mastercard or Visa:
 Credit Card Number _____ Exp. Date _____ V Code _____
 Name _____ Date _____
 Billing Address _____
 Signature _____
 Office Only: Approval _____

THANK YOU FOR YOUR SUPPORT!