

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 24, 2006 \$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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