



TORRANCE ROSE FLOAT ASSOCIATION

2019 Membership Application

Membership runs from February 1st, 2019 to January 31st, 2020.

My membership is: NEW RENEWAL

Primary Member Name:

(First) _____ (Last) _____

Address _____

City: _____ State: _____ Zip Code: _____ Phone: () _____

E-mail (To Receive Newsletter): _____

TO RECEIVE THE TRFA NEWSLETTER THRU THE US POSTAL SERVICE, ADD \$10 TO YOUR MEMBERSHIP FEE TO COVER THE COST OF MAILING!

May Vote and Hold Office

- ___ Youth \$10 per year (age 13 to 17)
- ___ Individual \$20 per year (age 18 or older)
- ___ Couple* \$30 per year 2nd Name _____
- ___ Family* \$50 per year (Up to 4 people; for each additional person add \$10)

2nd _____ 3rd _____ - _____

4th _____ 5th _____

*For Couple and Family memberships, all must reside at the same address. Also, please write any additional names on the bottom or back of this form.

May Not Vote or Hold Office

Company/Organization: _____

___ Service Club/ Organization \$100 per year (five people eligible to decorate)

___ Business/Trade Industry \$250 per year (ten people eligible to decorate)

Enclosed is a donation to TRFA (in addition to my annual dues) in the amount: \$ _____

Total Amount Enclosed: \$ _____

Make your check payable to TRFA and mail with this form to:

Torrance Rose Float Association Membership 4733 Torrance Blvd. #234, Torrance, CA 90503

If you have any questions about your membership, please contact torrosefloat@gmail.org or call us at (310) 618-2425.

I am interested in volunteering: _____