

TORRANCE ROSE FLOAT ASSOCIATION

 $2023\ /\ 2024\ Membership\ Application$ Membership runs from February 1, 2023 to January 31, 2024 .

My membership is	: NEW	RENEWAL			
Primary Member Na (First)	ime:		(Last)		
Address:					
City:	State:	Zip Code:	Phone: ()	
E-mail (To Receive	Newsletter):_				
TO RECEIVE THE MEMBERSHIP FEI				L SERVICE, ADD \$10 TO YOUR	
May Vote and Hold	Office				
Youth	Youth \$10 per year (age 13 to 17)				
Individual	\$20 per year	(age 18 or	(age 18 or older)		
Couple*	\$30 per year	2nd Name	2nd Name		
Family*	\$50 per year	(Up to 4 people; for each additional person add \$10			
2nd		3rd_			
on the bottom or bac May Not Vote or Ho Company/Organizati Service Club/ 0	k of this form. Id Office ion: Organization \$	100 per year (fiv	e people eligibl		
Business/Trade	Industry \$	250 per year (ten j	people eligible	to decorate)	
Enclosed is a dona	tion to TRFA	(in addition to m	y annual dues) in the amount: \$	
			Total A	mount Enclosed: \$	
Make your check	payable to TF	LFA and mail wit	h this form to:		
Torrance Rose Floa	at Association	Membership 473	33 Torrance B	lvd. #234, Torrance, CA 90503	
If you have any que	estions about	your membership	, please conta	ct torrrosefloat@gmail.org or call us	

I am interested in volunteering