



## MEMBERSHIP FORM

Name	
Address	
City, State, ZIP	
Home Phone	
Cell Phone	
Work Phone	
Place of Employment	<input type="checkbox"/> I Am Retired
Position/Title	
Preferred Email	
Alternate Email	
FBICA Year of Graduation	
FBICA Class Location	

**\$75**  
New Membership  
12 months

**\$1,000**  
Lifetime Membership  
Does not expire

**Donation**  
Amount: \$ \_\_\_\_\_

Please initial below to acknowledge your interests.

- I would like to participate as an FBICLECAAA volunteer.
- I would like to share my contact information with my classmates.
- I would like to be acknowledged as an FBICLECAAA Alumni on the website and/or any other promotional materials.
- The FBICAF has my permission to use my photo in their publications in conjunction with the FBICLECAAA website and/or any other promotional materials.

Pay online at [www.fbiclecaaa.org/join](http://www.fbiclecaaa.org/join) or mail your check and this form to:

**FBICLECAAA**

P.O. Box 45156  
Westlake, Ohio 44145

Payment Date: \_\_\_\_\_

Payment Method: \_\_\_\_\_