



PO BOX 1492  
FORT LAUDERDALE, FLORIDA 33302  
<http://www.cflca.org>

April 1 to March 31

**ASSOCIATION NAME** \_\_\_\_\_  
Association Address \_\_\_\_\_

**REPRESENTATIVE NAME** \_\_\_\_\_  
Representative Address \_\_\_\_\_

**TELEPHONE:**  
HOME \_\_\_\_\_ OFFICE \_\_\_\_\_ CELLULAR \_\_\_\_\_  
FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

**ALTERNATE NAME** \_\_\_\_\_  
ADDRESS \_\_\_\_\_

**TELEPHONE:**  
HOME \_\_\_\_\_ OFFICE \_\_\_\_\_ CELLULAR \_\_\_\_\_  
FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

1. Council of Fort Lauderdale Civic Association Membership **Application with current dues (\$50.00), if not previously submitted.**
2. **Boundary Map** (This can be hand drawn).
3. **Copy of minutes** of your last election meeting or certification signed by the President and Secretary of the Association of the most recent election and the date of that election, Data Required
4. **Board of Directors/Officer roster with contact information.**
5. **How does your Association communicate** with its members? (If you publish a newsletter, how often it is published and how it is distributed.  
\_\_\_\_\_  
\_\_\_\_\_
6. **How often does your Association hold regularly scheduled meetings?**  
\_\_\_\_\_
7. **Does your Association have overlapping boundaries** with any other existing Association? If so, please provide name?  
\_\_\_\_\_
8. **Other documents may be requested** from time to time if additional issues arise. (By-Laws, State Incorporation Certification, Newsletters, etc.)
9. **DISTRICT:** \_\_\_\_\_

This application form must be returned with your check and the documents identified above to be eligible for membership. (Only supply the information requested in items 1-8 that has not previously been submitted or may have changed since last year) Current Meeting Minutes of last election are required from all associations.

Thank you for your continued support of the Council.