



Membership Form

Together, we work to keep North Fort Myers a community to be proud of!

Your Contact Information

Name _____

Address _____

City, State, Zip _____

Phone Number _____

E-mail Address _____

**If Family Membership (Fill Portion Below)*

Family Voting Members _____

Phone Number _____

E-mail Address _____

Membership Type

_____ \$20 Individual Membership _____ \$30 Family Membership

_____ In-Kind Donation \$_____

Your Membership Card will be available to pick up at the next meeting (Every 2nd Tues. of month)

Volunteer Shout Out!

Let us know if you are interested in volunteering for the NFMCA, an event or a particular interest in joining a committee. A Representative will contact you with more information.

___ Yes, Please Contact me ___ No, Thank you

Signature _____ Date _____

JOIN ONLINE at www.NFMCivic.com for up-to-date information on meetings & events

Membership Questions Email: Nfmcamembership@gmail.com