

**2008/09 Membership Form
(Expires 9/30/09)**

Name _____

Address _____

City _____ Zip _____

Telephone (____) _____

Membership: _____ New _____ Renewal

____ Individual Adult \$ 10.00
(18 years of age and older)

____ Couple \$ 15.00

____ Youth \$ 5.00
(13-17 years of age)

____ Family* Membership \$ 25.00

____ Patron Membership \$ 25.00

Sponsor Membership:

____ Service Club/Organization \$ 50.00

____ Business/Industry \$100.00

***Residing at the same address**

____ I would like to volunteer to help during the year.

Please accept my donation of \$ _____

Total enclosed \$ _____

Please make checks payable to the Torrance Rose Float Association and send remittance with this form to: Torrance Rose Float Association, Attn: Membership, 3031 Torrance Blvd., Torrance, CA 90503. Thank you!