FLORIDA JCI SENATE MEMBERSHIP APPLICATION/RENEWAL FORM

Mail to:

Florida JCI Senate. c/o Michael Sawyer #36403 600 Jimmy Ann Dr., #918, Daytona Beach, FL 32114

Name:		
Senate #	Congress Woman #	Senior Statesman #
Life Member #	Friendship #	Military Branch
[] My payment in the a	mount of \$40.00 is enclosed to cove	r my 2023-2024 Florida JCI Senate Dues.
[] I am enclosing a one	-time payment of \$400.00 for a <i>Lifet</i>	time Membership in the Florida JCI Senate.
[] I am a Life Member	of the Florida JCI Senate.	
[] I will pay my dues u	sing Zelle (use <u>fljcisenate@gmail.cor</u>	<u>n</u>)
	sing PayPal <u>w.fljcisenate.org/membership</u> if you ife Memberships are \$415.00 when usin	
[] I would like to make	e a contribution to the Florida JCI Sen	ate.
	resswomen, Senior State ****PLEASE CONFIRM THIS e updating the roster and want to	
Address:		
Home Phone:	Cell :	Phone:
Work Phone:	E-ma	nil:
In which Florida region	were you living when you received y	our Senatorship?
If you would like an e #65316 at <u>Rene65316</u>		roster, please send a request to Irene Shanley
*	***IMPORTANT REQUEST fro	om U.S. JCI Senate****

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These requests MUST be completed by each Senator personally. The FLJCI Senate, Inc. cannot make this request for you.

Thank you,
Michael Sawyer #36403
Treasurer

