



## Application for Students (Students may not be in full-time permanent employment)

Mr.  Mrs.  Ms.

New Member  Renewal

### PRIMARY INFORMATION:

Name: \_\_\_\_\_

School: \_\_\_\_\_

Local Chapter Affiliation: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

School E-mail: \_\_\_\_\_

Alternate E-mail: \_\_\_\_\_

Referred by: \_\_\_\_\_

How did you hear about COMTO?  Newsletter  COMTO Member  Website  Other \_\_\_\_\_

### Membership Dues for Students

If you become a NEW member in the month of:	The amount due is:	Your membership expires:	You will be invoiced for renewal on:
January	\$50.00	In the current year on December 31st	January 1 of next year (12 months from today)
February	\$45.83	In the current year on December 31st	January 1 of next year (11 months from today)
March	\$41.66	In the current year on December 31st	January 1 of next year (10 months from today)
April	\$37.50	In the current year on December 31st	January 1 of next year (9 months from today)
May	\$33.33	In the current year on December 31st	January 1 of next year (8 months from today)
June	\$29.16	In the current year on December 31st	January 1 of next year (7 months from today)
July	\$74.99	Next year on December 31st	January 1 of second year (18 months from today)
August	\$70.82	Next year on December 31st	January 1 of second year (17 months from today)
September	\$66.66	Next year on December 31st	January 1 of second year (16 months from today)
October	\$62.49	Next year on December 31st	January 1 of second year (15 months from today)
November	\$58.32	Next year on December 31st	January 1 of second year (14 months from today)
December	\$54.15	Next year on December 31st	January 1 of second year (13 months from today)

**Dues: Your membership dues must accompany this application. Please refer to the table above for the appropriate payment amount.**

**COMTO FORT LAUDERDALE SCHOLARSHIP FUND**

I would like to contribute to the COMTO Fort Lauderdale Scholarship Program.

\$100     \$125     \$150     \$175     \$200     \$225     \$250     Other: \_\_\_\_\_

**PAYMENT OPTIONS**

Check/Money Order    Check no. \_\_\_\_\_    Amount \$ \_\_\_\_\_

Note: There is a \$25 charge for all returned checks.

Visa     MasterCard     Discover     AMEX

Card # \_\_\_\_\_    Exp. Date \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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

**PLEASE RETURN APPLICATIONS AND PAYMENTS TO:**

**COMTO Fort Lauderdale**

**800 NW 33rd Street, Pompano Beach Fl. 33064**

**Phone: (954) 543-0805 | Email: [info@comtoftlauderdale.org](mailto:info@comtoftlauderdale.org)**