

Mr.    Mrs.    Ms.

 New Member    Renewal

### PRIMARY INFORMATION:

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

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

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

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

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

### Membership Dues for Elected Officials

If you become a <b>NEW member</b> in the month of:	The amount due is:	Your membership expires:	You will be invoiced for renewal on:
January	\$250.00	December 31 in the current year	January 1 of next year (12 months from today)
February	\$229.16	December 31 in the current year	January 1 of next year (11 months from today)
March	\$208.32	December 31 in the current year	January 1 of next year (10 months from today)
April	\$187.48	December 31 in the current year	January 1 of next year (9 months from today)
May	\$166.64	December 31 in the current year	January 1 of next year (8 months from today)
June	\$145.80	December 31 in the current year	January 1 of next year (7 months from today)
July	\$374.96	December 31 next year	January 1 of second year (18 months from today)
August	\$354.12	December 31 next year	January 1 of second year (17 months from today)
September	\$333.28	December 31 next year	January 1 of second year (16 months from today)
October	\$312.44	December 31 next year	January 1 of second year (15 months from today)
November	\$291.60	December 31 next year	January 1 of second year (14 months from today)
December	\$270.76	December 31 next year	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 FtL 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)**