



FLORIDA ORIENTEERING MEMBERSHIP APPLICATION

PAYMENT BY ZELLE OR CHECK – BY ZELLE TO: treasurer@floridaorienteering.org
MAKE CHECKS PAYABLE TO: **Florida Orienteering Club**
SEND COMPLETED FORMS BY EMAIL OR MAIL – EMAIL TO: treasurer@floridaorienteering.org

MAIL TO: FLO, c/o Mike Dempsey
655 Little Wekiva Rd.
Altamonte Springs, FL 32714

PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY

NEW MEMBER RENEWAL DATE _____

MEMBERSHIP DUES PER YEAR: INDIVIDUAL \$10 COUPLE \$15 FAMILY \$20
LIFETIME: INDIVIDUAL \$150 COUPLE \$225 FAMILY \$300

NAME _____ YEAR OF BIRTH _____

STREET _____ APARTMENT # _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

PHONE (____) _____

CELL (____) _____ E-MAIL ADDRESS _____

OCCUPATION _____ OUSA MEMBER? YES NO OUSA MEMBER # _____

Florida Orienteering is a non-profit organization affiliated with OrienteeringUSA (previously the United States Orienteering Federation - USOF) and created to serve the interests of orienteers in Florida. FLO was established to promote the sport of Orienteering and to increase environmental awareness in the state of Florida. These purposes are served through the sponsorship of orienteering events in the state and the production of recreational orienteering maps. Your membership directly supports these activities.

As a member, you may enter FLO events at a reduced rate. We will encourage and request your participation in event organization, map making, course setting, etc., as these activities are vital parts of orienteering that are as much fun and challenge as competition.

You may choose to make a contribution in addition to your FLO membership dues in order to promote special projects, operating costs, or our mapping efforts in Florida. Your valued support is greatly appreciated!

DONATED AMOUNT _____ THANK YOU!!!

ADDITIONAL MEMBERSHIP INFORMATION

IF FAMILY (or COUPLE) MEMBERSHIP, PLEASE LIST OTHER MEMBERS BELOW:

NAME	SEX	YEAR BORN	NAME	SEX	YEAR BORN
1. _____	_____	_____	4. _____	_____	_____
2. _____	_____	_____	5. _____	_____	_____
3. _____	_____	_____	6. _____	_____	_____

WHERE DID YOU HEAR ABOUT FLORIDA ORIENTEERING? _____

IF A FLO MEMBER INVITED YOU, PLEASE PROVIDE THEIR NAME _____

PLEASE INDICATE AREAS IN WHICH YOU WOULD LIKE TO ASSIST AT FLO EVENTS:

Registration ___ Start ___ Finish ___ Control Retrieval ___ Event Location(s) _____