



PRIME TIMERS OF CENTRAL FLORIDA MEMBERSHIP APPLICATION

If you are partnered and both of you are joining Prime Timers please complete an application per individual.

___ New Member Application

___ Renewal Member Application

DUES: \$ 25.00 PER PERSON

(\$ 50.00 PER COUPLE)

NAME: _____ DOB (mm/dd/yyyy): _____

ADDRESS: _____ BIRTHPLACE: _____

CITY: _____ STATE: _____ Zip CODE: _____

HOME TELEPHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____ MEMBER SINCE (MM/YYYY): _____

PTCF SPONSOR: _____

OPTIONAL: Emergency Contact: _____ PHONE: _____

ADDRESS: _____

ORGANIZATIONAL ASSISTANCE

Would you consider hosting an event in your home? ___ Yes ___ No

Would you consider assisting with a task at meetings? ___ Yes ___ No

Would you consider presenting a program at a Membership Meeting? (You can select a topic: hobby, an interest, a passion, career, life experience, etc.) ___ Yes ___ No

Will you need a ride to some Prime Timers events? ___ Yes ___ No

Would you be able to provide a ride to some events to a member(s) in your area? ___ Yes ___ No

Do you have experience or interest in any of the following?

Fund-Raising ___ Office Skills ___ Organizing Activities ___ Bookkeeping ___ Public Relations ___

Computer Software ___ Which Software: _____

Art ___ Writing ___ Graphic Design ___ Leadership/Management ___

Are you retired? ___ (Y/N) General line of work is/was: _____

How did you hear about Prime Timers? Friend ___ Internet ___ Newspaper ___ TV ___ Radio ___

(Indicate name) _____

Did you serve in the military? ___ (Y/N) Branch _____ Rank _____

Are you a member of any other GLBT organizations? Please List _____

Are you in a partnership/relationship? Name of Partner _____

Would you like to have your anniversary month acknowledged in The Marquee? ___ Yes ___ No

Anniversary (mm/dd/yyyy): _____

TURN PAGE OVER, MORE ON BACK

Check Your Interest to Be Shared with
Prime Timers of Central Florida
Members via the Membership Roster

**Please note that the statements listed below
are for your privacy and protection**

Would you like us to acknowledge your Birthday in The
Marquee? (month / day only) YES NO Initials ____

Do you wish to have your name, address, and interest profile
published in the Membership Roster? YES NO Initials ____

Do you consent to having your name and/or photo being
published singly or in group shots in The Marquee or news
release about Prime Timers of Central Florida and/or Prime
Timers Worldwide? YES NO Initials ____

I will not distribute or share the Prime Timers of Central
Florida Membership Roster with any non-member or
organization. Initials ____

I understand and agree by my signature below that I will not
now or at any time during or after my membership in Prime
Timers of Central Florida (hereinafter referred to as the
Organization) hold the Organization, its directors, members or
any other entity associated with the Organization liable for any
type of injury, physical or otherwise, which I may sustain as a
result of my participation in activities of the Organization.
Initials ____

I assume total responsibility for my personal actions and certify
that I am at least 21 years old and agree that electronic initials
and signatures hereon are valid for these purposes.

Signature _____

Date _____

**Please mail your completed application and payment of
\$25.00 per individual. Thank you for your membership.**

Prime Timers of Central Florida
PO Box 547003
Orlando, Florida 32854-7003



407-325-2694

Email: primetimerscf@aol.com

Website: ptcfl.org

These items will be listed next to your
name in the membership roster.