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Name: Date:												
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Zip Code Phone: E-Mail Amount enclosed:Single \$12.00 Family/Household \$18.00												
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Please Sherri 819 H Port C Florida Memb (please Name Addre City/S	(s): ss: tate:	t me fo Treasul FL 3212 Coast Ko Form 20	r more i rer 27 oi and F 016	ond Clu	ub	Date:)		
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Phone: _____ E-Mail _____

Enclosed: _____ Single \$12.00___ Family/Household \$18.00____

Amount