



Grand Representatives Association of Florida Membership Dues/Update Form

Please complete and return to the current Secretary/Treasurer with your dues payment or to update any changes.

Today's Date: _____ New Member: Y / N Information Update: Y / N

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ (Home or Cell)

Your Chapter Name and number: _____

State/Jurisdiction of your Appointment: _____ in FL

Years of Appointment: _____

E-Mail Address: _____

Would you like the newsletter via e-mail? Yes or No (circle one)

Dues: \$5.00/year – How many years? _____ Association Pin \$5.00 _____

Cash or Check No. _____ Amount Enclosed \$ _____

Dues are due in January or at Grand Chapter each year. Expiration is on December 31st of the year paid thru.

Per our By-Laws, please include a Self-addressed stamped envelope with your payment.

2019-2021 Officers

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