

New

Orlando Reef Caretakers Association

New Membership Application

Name: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Day) _____ (EVE) _____ Years in Hobby: _____

ORCA Login Name: _____ Reef Central Login Name: _____

Type of Membership: New E-Mail: _____

Individual

Family

1 Yr. \$20	2 Yrs \$37
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1 Yr. \$25	2 Yrs \$47
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Please list all family members including applicant. Only the first person listed will have voting rights.

1 (VOTE) _____ 2 _____ 3 _____
4 _____ 5 _____ 6 _____

Type of Tank(s)		# of Gallons	Filtration System (Berlin, Wet Dry, etc)	Lighting System	Lbs Live Rock, Sand, etc
Reef	Fish				

If you have more than two tanks please continue descriptions on back of this application.

How did you hear about ORCA? Friend Local Fish Store Flyer / Business Card Internet
 Other (please describe): _____

I am interested in: Hosting a meeting Being a mentor Helping with meetings Other _____

Do you want your name and phone number printed in the ORCA membership listing? Yes No
Note: Being a member of ORCA gives us the right to publish your picture on the web.

I agree to abide by the By-Laws of Orlando Reef Caretakers Association _____
(ORCA) (Please sign here)

Please make checks payable to: Orlando Reef Caretakers Association, Inc. -or- ORCA, Inc.

Mail Applications to: **Torry Schilling**
526 SE Dolphin Drive
Stuart, FL 34996

Orlando Reef Caretakers Association, Inc. (ORCA) is a Not for Profit corporation with the State of Florida.

FOR OFFICIAL USE ONLY	
Member Number: _____	TYPE OF MEMBERSHIP: <input type="checkbox"/> I <input type="checkbox"/> F
Date Paid: _____	Board Approved Date: _____
Amount Paid: _____	Member Since: _____
Date in System: _____	Expiration Date: _____