

**I want to become a member of the Clearwater Beach Association. A one year membership is \$25.00. Please enclose a check for your membership.**

Business Name \_\_\_\_\_

Individual Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

May we put your information on the Clearwater Beach Association's Website directory?

Yes \_\_\_ No \_\_\_

Signature \_\_\_\_\_

**Mail to:**

Clearwater Beach Association  
P. O. Box 3295  
Clearwater, Florida 33767