



Space Coast Post Card Club

C/O Cindy Theilacker

42 Parkway St.

Cocoa, FL 32922

Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home ph. #: _____ Cell/Work ph. #: _____

E-mail address: _____

Would you like to receive the newsletter via E-mail _____ or Mail _____?

Kinds of post cards you're interested in: _____

Membership is \$10 per \$10 per family (immediate family sharing home) per physical year (Jan. 1st to Dec. 31st). Prorated after July 1st to \$1 per month. Payment: Cash _____ Check _____

Payment Received by: _____

Payment Date: _____