



Cocoa Beach Alumni Association, Inc.
 PO Box 320084
 Cocoa Beach, Florida 32932-0084

Membership Form

New Member Renewing Member

Please print:

Name: _____

Mailing Address: _____
City/State/Zip Code

Phone: _____ E-Mail: _____

Did you attend? (check all that apply) graduation year _____
 Cocoa Beach High School Roosevelt Cape View Freedom 7

I identify the type of affiliation you will have with CBAA. (check all that apply)
 Alumni Business Partner Faculty/Staff/Student Other _____
 Cocoa Beach/Cape Canaveral Resident Interested Citizen

Would you like to volunteer to serve on a committee? Please check those that interest you.
 Cocoa Beach Jr/Sr High Scholarship Other _____
 Roosevelt Elementary School Beach Walk
 Cape View Elementary School Project Graduation
 Freedom 7 Elementary School Music/Arts

Circle your membership option:	Jan 04 - Dec 04 (1 year)	Jan - Dec (2 years)	Jan - Dec (3 years)
Individual	\$12.00	\$20.00	\$30.00
Same Address (2 memberships)	\$18.00	\$30.00	\$50.00
Retired Faculty/Staff	\$5.00	\$10.00	\$15.00

Please make check payable to:
Cocoa Beach Alumni Association
 Mail to:
Membership - CBAA
PO Box 320084
Cocoa Beach, Florida
32932-0084

Any questions? E-mail them to charleycb67@yahoo.com

Thanks for making a difference!!