

2025 FOCA MEMBERSHIP

APPLICATION FORM

www.focafly.org



FAMILY NAME(s) (Last) _____ (First) _____

SPOUSE/CHILDREN NAME(s) _____

ADDRESS _____

TELEPHONE () _____ E-MAIL _____

May we use your e-mail address for FOCA events and news? YES _____ NO _____

_____ (Initial) I authorize FOCA to share my e-mail w/CPAD (Cameron Park Airport District)

_____ (Initial) I authorize FOCA to print my name and address in the neighborhood directory.

_____ (Initial) I authorize FOCA to print my phone number in the neighborhood directory.

\$ 30.00 Annual Membership Donation for your immediate family

Optional FOCA Supported Charities You May Wish to Donate to:

\$ _____ Cameron Park Airport (this will help purchase equipment and maintain the airport)

\$ _____ Center for Violence-Free Relationships (they run the "Safe House" for women and families)

\$ _____ El Dorado Food Bank

\$ _____ Snowline Hospice

\$ _____ **TOTAL DONATION.** Make checks payable to FOCA

Please mail your form and payment to FOCA P.O. Box 1366, Cameron Park, CA 95682

FOCA USE:

Date Rec'd: _____ Cash/Check#: _____ Amount: _____

*Note: FOCA Annual Membership Donations are due by January 1 of the Membership Year. After January 15, late fee applies.

Form Updated 8/15/24