



**Florida Council on
Compulsive Gambling, Inc.**

901 Douglas Avenue, Altamonte Springs, FL 32714
Office: (407) 865-6200 24-Hour HelpLine: 888-ADMIT-IT

MEMBERSHIP APPLICATION

Name _____

Title _____ Organization _____

Address _____

Telephone (Business) _____ (Fax) _____

Home number _____ E-mail Address _____

Membership includes discounts on FCCG agency-sponsored conferences, trainings and events.

I would like to help continue to address the problem of compulsive gambling by membership in the Florida Council on Compulsive Gambling, Inc. I am joining as:

Support Opportunities:

| | |
|---------------------------------------|--------------|
| Full Membership and FCCG Newsletter | \$ 35.00 |
| Sponsor | \$ 75.00 |
| Benefactor | \$ 150.00 |
| Patron | \$ 500.00 |
| Bronze Institution/Corporate Sponsor | \$ 1,000.00 |
| Silver Institution/Corporate Sponsor | \$ 5,000.00 |
| Gold Institution/Corporate Sponsor | \$ 10,000.00 |
| Special Institution/Corporate Sponsor | \$25,000.00 |
| Donation | \$ |

(Make Checks payable to the Florida Council on Compulsive Gambling, Inc.)

Contributions are tax deductible

Forward payment to: FCCG, 901 Douglas Avenue, Suite 200, Altamonte Springs, FL 32714

I am interested in volunteering: Yes _____ No _____

If yes, complete the following educational background below:

_____ High School _____ College _____ Post Graduate

The Florida Council on Compulsive Gambling, Inc. is a non-profit organization concerned with the problems and effects of compulsive gambling. Please check areas in which you are willing to assist the Council.

| | | | | | | | |
|--------------------------|---------------|--------------------------|--------------------|--------------------------|--------------------|--------------------------|--------------|
| <input type="checkbox"/> | Medical | <input type="checkbox"/> | Labor/Management | <input type="checkbox"/> | Public Information | <input type="checkbox"/> | Education |
| <input type="checkbox"/> | Legal | <input type="checkbox"/> | Community Services | <input type="checkbox"/> | Rehabilitation | <input type="checkbox"/> | Fund Raising |
| <input type="checkbox"/> | Communication | <input type="checkbox"/> | Public Relations | <input type="checkbox"/> | Research | <input type="checkbox"/> | |

Signature _____

Date _____