



Membership Renewal Form

Name (s) _____

Address: _____

Street or PO Box: _____

City or Town: _____ County _____ Zip _____

Telephone: Home: _____ Cell: _____

Email: _____

Website: _____

Number of Alpacas _____ Numbers of Llamas _____

Dues:

Lifetime Membership 500.00 _____

Annual Family/Farm/ Veterinarian 25.00 _____

Non-Voting Member/Youth 7.00 _____

Please Remit Payment to:

FALA

Mary Rose Collins

4211 S Old Floral City Rd

Inverness, FL 34450

A Receipt of payment will be emailed to you after payment is received.