

FLORIDA D.A.R.E. OFFICER'S ASSOCIATION MEMBERSHIP REGISTRATION FORM

REGISTRATION FEE IS \$25.00

Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Cell Phone: () _____

Email Address: _____

Mail Completed FDOA Registration Form and Fee To:

Florida D.A.R.E. Officer's Association, Inc
Post Office Box 15338
Sarasota, Florida 34277-1388

**To Resist Drugs
And Violence**
Make Checks payable to F.D.O.A.

WE ACCEPT MASTERCARD AND VISA:

Card Type: _____ Card #: _____

Expiration Date: _____

Signature: _____