

**CCFSA REPLACEMENT RFID MEMBERSHIP CARD**

**Instructions:** Please send this completed form along with a check payable to CCFSA to:  
CCFSA, Attn: Membership Committee, PO Box 360, Blanchester, Oh 45107.

**REPLACEMENT RFID CARD: \_\_\_\_\_ \$5.00 EACH**

Primary Member's Name: \_\_\_\_\_

Secondary Member's Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Member # \_\_\_\_\_ Primary Orientation # \_\_\_\_\_

Secondary Member # \_\_\_\_\_ Secondary Orientation # \_\_\_\_\_

**Military Service: Please check**

Primary Member: \_\_\_\_\_ Air Force \_\_\_\_\_ Marines \_\_\_\_\_ Army \_\_\_\_\_ Navy \_\_\_\_\_ Coast Guard

Secondary Member: \_\_\_\_\_ Air Force \_\_\_\_\_ Marines \_\_\_\_\_ Army \_\_\_\_\_ Navy \_\_\_\_\_ Coast Guard

Primary Member's  
Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Secondary Member's  
Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Your Original Lost or Damaged RFID Card will be removed from the system.**

FOR CLUB USE ONLY: Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_