

WESTON 55+ CLUB
Membership Registration Form

Date: _____

Name: _____

Spouse: _____
(only if joining)

Address: _____

City: _____ **Zip Code:** _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

MAIL THIS FORM AND YOUR CHECK FOR
\$50.00 PER PERSON

PAYABLE TO **WESTON 55+ CLUB** TO:

Carolyn Ponz
1668 Orion Lane
Weston, FL 33327
954-385-1392