

FIOC, Inc 2024 Membership Form
For Period of 01/01/2024 – 12/31/2024

Name: _____

Spouse's Name: _____

Number of Children & Ages: _____

Address: _____

City/State: _____ Zip: _____

E-Mail*: _____ Phone *: _____

*** Please do not forget to include your E-mail & phone number.**

Membership Type: (Please check one)

Family (\$30.00)
(Husband, Wife, Children)

Single (\$20.00)

Student (\$10.00)

Extended Family (\$50.00)
(Family + Grandparents)

Please make your checks payable to "FIOC, Inc." and Mail to the below address:

FIOC, Inc.
P.O. Box 901
Farmington, CT 06034-901