



To promote the prevention of Spina Bifida and to enhance the lives of all affected

PROFESSIONAL / COMMUNITY VOLUNTEER MEMBERSHIP FORM

No membership fees. Join today to get connected with the SBACFL community.

I am (check one):

_____ Professional

_____ Community Volunteer

Name _____

Home / Business Address _____

Home / Business City, State, Zip Code _____ County _____

Home / Business Phone _____ Cell _____

Home / Business Email address _____

Profession _____

Do you prefer SBACFL send all information via e-mail? Yes No

SBACFL will not share your information with anyone outside of the organization.

If you would like to help with SBACFL, please check below what you can do:

_____ Provide a presentation to a support group

_____ Serve on a committee (i.e., fundraisers, public relations, membership, newsletter)

_____ Serve as a volunteer for SBACFL events

_____ Sponsor an SBACFL event

_____ Organize an event to benefit SBACFL

_____ Make a donation to SBACFL – *please go to our website or send check payable to SBACFL*

_____ Skills/talents I can provide _____

Please mail completed form to:

SBACFL
PO Box 700536
Saint Cloud, FL, 34769

You may also email this form to
sbacfl@ymail.com

For more information, please call
SBACFL at 407-248-9210 or e-mail
at sbacfl@ymail.com.

SBACFL web address:
www.sbacentralflorida.org